

Contact Information

Name			
Street Address			
City, State, Zip			
Home Phone			
Work Phone			
Cell Phone			
E-Mail Address			
Experience Level	Beginner	Intermediate	Advanced

Club Affiliation and Contact _____

AAW Member # _____

Workshop Information

Name of Workshop _____

Instructor _____

Date _____

Fee _____

(price does not include lab and material fees)

Payment

Please enclose full payment for the workshop with this application. (Please see website for price.)

___ check is enclosed (print and mail form, please do not fax)

___ credit card (if using credit card please fax form to 940.455.2344)

Name on card: _____ Exp: _____

Card #: _____ Security Code: _____

Please remember that class size is limited to 5 participants so only the first 5 applications will be accepted. Please check our website for more class availability.

If class is full at time of application and you would like to be contacted in case of cancellation please check this box and we will hold your fee. (fully refundable)

Contact Information

Canyon Studios

785 Estates Drive

Copper Canyon, TX 75077

Phone/Fax 940.455.2344

info@canyonstudios.org

Office Use

Date Received: _____

Workshop: _____