



ART LEAGUE OF LELAND  
PO Box 755 Leland, NC 28451  
[artleagueofleland@gmail.com](mailto:artleagueofleland@gmail.com)

## Workshop Registration Form

### Participant's Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_

### Workshop Information:

Workshop Title: \_\_\_\_\_

Instructor: \_\_\_\_\_ Date(s) of workshop: \_\_\_\_\_

Online Payment Amount of \_\_\_\_\_

### Credit Card Payment must be made at time of registration.

I understand and agree that if the required minimum number of students is not reached that this workshop will be cancelled. If this happens, I will be notified seven (7) days prior to the scheduled workshop, and my payment will be returned within fifteen (15) days of cancellation.

I understand and agree that photography of the instructor, students and/or their artwork will be permitted for personal use only and that **ALL** may take pictures of the foregoing to document the workshop and promote future workshops.

I agree to release, indemnify and hold harmless the members of the Art League of Leland, the Brunswick Forest Fitness and Wellness Center or any other location at which the workshop is held, the instructor named above, and their respective successors, assigns, employees, officers, agents, volunteers and/or personal representatives from any claim, action, liability, loss, damage, or suit arising from my participation in the Art League of Leland workshop.

\_\_\_\_\_  
**Type in your name to  
agree to the  
stipulations above.**

\_\_\_\_\_  
**Date**

Date registration and payment received by ALL: \_\_\_\_\_