



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

## Workshop Registration Form

### Student Contact Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

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

The workshop instructor will have this contact information in order to email any additional information if necessary. Any fees for materials provided by the instructor will be collected by the instructor on the day of the workshop. Cash or a check made out to the instructor is preferred.

### Workshop Information:

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

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

Payment Amount Included: \$ \_\_\_\_\_ Check one: Cash \_\_\_ Check \_\_\_ Credit \_\_\_

*(Credit card payments can be done online at [artleagueofleland.org](http://artleagueofleland.org). Under "Store", click on "Events", then find workshop title to make payment.)*

### 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 fourteen (14) days prior to the scheduled workshop, and my payment will be returned within thirty (30) 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.

\_\_\_\_\_  
**Participant's Signature**

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

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