



P.O. Box 1935 - Matthews, NC 28106  
**Workshop Student Registration**

Please complete the registration form and return with your check payable to Award Winning Artist Workshops.

- A **\$200 NON-REFUNDABLE /NON-TRANSFERABLE Deposit** check is required to sign up for any workshop.
- Note on your check** the artist instructor name with workshop dates and mail with registration to the above address.
- Your registration form and full payment must be received 60 days prior to first workshop date to guarantee your workshop space if available. Upon receipt of paperwork and payment in full, a confirmation will be e-mailed to you. Please list amount discount or gift certificate for this workshop \$\_\_\_\_. Material supply list will be posted on website.

Clearly Print Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Cell Phone # (\_\_\_\_) \_\_\_\_\_ Your E-mail \_\_\_\_\_

Workshop Instructor Artist \_\_\_\_\_ Workshop Dates \_\_\_\_\_

**TIME:** Unless otherwise stated, workshops begin at **9:30 a.m.** and end at **4:30 p.m.** with students off site by 5:00p.m.

**Tuitions:** Your workshop Tuition amount may be transferred to another workshop provided your registered workshop is completely full. All Tuition cancellation refunds are less deposit amount and refund request must be in writing 90 days prior to first workshop date provided workshop is full and your space has been filled. If you cancel 90 days or less prior to the first workshop date, provided workshop is full with your space filled, you must transfer the tuition amount, less that deposit, toward the tuition of another AWAW scheduled workshop. Deposits cover registration processing fees, are non-refundable and non-transferrable. You may want to consider travel insurance in case of personal emergencies. If AWAW needs to cancel the workshop, AWAW will do its best to reschedule and you will retain your workshop space. If AWAW is unable to reschedule, you may transfer your tuition to another AWAW scheduled workshop with space. You will be notified if the workshop has filled, and you may be placed on a waiting list if you so indicate: Yes \_\_\_ No \_\_\_.

Also required on first day of workshop is a Waiver and Release of Liability form which will be handed out for student signature and date of agreement to the class conditions in order to safely and responsibly participate in the workshop. Students are to participate in the workshop in a **professional manner**, arrive at workshop destination in plenty of time to set up their workstation, and familiarize themselves with the facilities before the designated workshop start time. Students are to already have with them all the material supplies required to fully participate in the workshop.

Please **turn off cell phones** and respect others by **not talking** during the artist instructor’s presentation and demos. Please do not make workshop exception request to the artist instructor, he/she is under contract to teach a given format. Any workshop request or suggestions to be made only outside class with the workshop manager, Shirley Harris.

**Your signature will signify that you understand and accept any and all Award Winning Artist Workshops (AWAW) policies including: registration, artist instructor, workshop content, workshop student supply materials, workshop times, student conduct, workshop locations, reschedules, cancellations, deposits, tuition transfers or refunds.**

I \_\_\_\_\_ (signature) understand and accept and will abide by AWAW policies.

**Do you** have any **health**, special needs or requirements to make the workshop staff aware of? (check) **Yes** \_\_\_ **No** \_\_\_

**If yes**, please state condition: \_\_\_\_\_

You are to have all medications/devices required to treat and be responsible for treatment, also advise staff on usage.

Your Physician name: \_\_\_\_\_ phone # \_\_\_\_\_

You give permission, *if necessary*, to have emergency medical attention including a 911 call for assistance **Yes** \_\_\_ **No** \_\_\_.

Your Emergency Contact person name: \_\_\_\_\_ phone # \_\_\_\_\_

Your Signature of agreement: \_\_\_\_\_ Date \_\_\_\_\_

Any questions you may contact workshop manager: e-mail [4shirleyart@gmail.com](mailto:4shirleyart@gmail.com) or phone (704) 607-6046