



Workshop Registration Form – Minors

WORKSHOP TITLE :

DAY / SESSION/S :

PARTICIPANT'S NAME :

ADDRESS :

MOBILE :

TELEPHONE :

DATE OF BIRTH :

AGE:

Female

Male

PARENT / GUARDIAN'S EMAIL :

Please subscribe me to the Gallery Workshop notifications.

**MEDICAL ALERT**

Do you have any medical conditions that may affect your participation in this project ?

No

Yes

If yes, please provide details....

**EMERGENCY CONTACT**

NAME :

MOBILE :

TELEPHONE :

RELATIONSHIP TO THE PARTICIPANT :

PARENT / GUARDIAN SIGNATURE :  
Required if participant under age of 18

REGISTRATION DATE :

/ 2014

HOW DID YOU HEAR ABOUT THE WORKSHOP? :

Office Use Only:

DATE / RECEIPT NO :

TRIM CONTAINER :