

Registration Form – CTWS Spring '18 Three Day Workshop

Michael Holter - NWS, TWSA, OPS, SWS

*Mr. Holter will be here Tuesday thru Thursday;

Friday will be an opportunity to complete our paintings and critique our work-catered lunch served Friday as well

Date/Time of Opening Reception, Critique & Awards: Monday, April 23^h from 5:30 pm - 8:00 pm

Date/Time of Workshop: April 24th - 27th (Tuesday to Friday), from 9 AM to 4:30 PM

Place of Workshop: The Carleen Bright Arboretum (at the 'church'), Woodway, TX 76712

Cost of Workshop: \$50 deposit will hold your place until April 1st

Balance due April 1

Preference is given to Members until April 1st

\$225 for CTWS Members *

\$275 for non- members *

\$35 separate check for catered lunch due made out to Beverly Balch (caterer) by April 1st

Name: _____ Date: _____

Printed Name: _____ Birthday: Month: _____ Day: _____ Year: _____

Address: _____

City & Zip: _____

Phone Number: (Home): _____ (Business): _____

Cell Phone: _____ Email: _____

Indicate membership (check one of the following): **CTWS Member** **Non-member**

Method of Payment (check one): Check Cash Make checks payable to CTWS & indicate “2017 Spring Workshop” on the memo line. **Registration form & deposit must be furnished together**, and should be mailed to CTWS, Attn: Cheryle Chapline, 8301 Whippoorwill, Woodway, TX 76712.

I understand that I must keep my immediate area clean (bring a sack for your trash), **furnish my own table cover**. I understand and agree to leave The Arboretum **PROMPTLY** at 4:30 PM each day (sensitive to Arboretum staff).

*Note on Refunds: After April 1st, for valid health issues or unforeseen circumstances and at the chairman's discretion, a refund, less the \$50 deposit, may be approved. Any cancellations and refunds must be requested for consideration from Cheryle Chapline at 254-717-1149, or cachapline@yahoo.com (Tag as “Spring '18 Workshop”).

Signed _____

Name _____ (Printed)

CTWS Use Only: \$50 Deposit \$225 (Member) \$300 (Non-Member) \$35 Beverly Balch

Dates Received: _____