

# Registration Form – CTWS October 2019 Four Day Workshop

*Michael Holter*

**Date/Time of Opening Reception, Critique & Awards: Monday, October 28 from 5:30 pm - 8:00 pm**

**Date/Time of Workshop: October 29 - November 1 (Tuesday to Friday), 2019 from 9 AM to 4:00 PM**

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

**Opening Date of Registration: CTWS Members, July 10, 2019; Non-CTWS Members, October 1, 2019**

**Cost of Workshop: \$250 for CTWS Members; \$300 for Non-CTWS Members (register after Oct. 1, 2019)**

This amount includes a free \$10 chance to win a painting/work of the instructor if said work is donated to CTWS.

**All checks will be held and deposited on October 1<sup>st</sup>.**

**Two Options to Pay for CTWS Members:**

**1.) Pay \$50 deposit after July 10, 2019, to hold your place until October 1<sup>st</sup>, then pay \$200 balance on October 1<sup>st</sup>. (Both Checks will be deposited on or after October 1<sup>st</sup>.)**

**2.) Pay \$250, the full amount, July 10, 2019 or after and before October 1<sup>st</sup>. (This check will be deposited on or after October 1<sup>st</sup>.) Note: *The earlier you submit your check and registration form, the better your opportunity is to secure a seat at the workshop.***

Preference is given to Members until October 1<sup>st</sup>. After that date, Non-CTWS Members may enroll.

**\$45 separate check for catered lunch** made out to **Beverly Balch** (caterer) due by Oct 1<sup>st</sup>.

Printed Name

Date

Address

City/State/Zip

Phone Number (Cell)

(Home)

Email

Indicate Membership Status: \_\_\_\_\_ Member \_\_\_\_\_ Non-Member

**Method of Payment** (check one): \_\_Check\_\_ Cash Make checks payable to CTWS & indicate “**2019 October 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 (to be sensitive to Arboretum staff).

Any cancellations and refunds must be requested for consideration from Cheryle Chapline at 254-717-1149, or cachapline@yahoo.com (Tag as RE: October '19 Workshop).

**Signed** \_\_\_\_\_

Name \_\_\_\_\_ (Printed)

**CTWS Use Only:** \_\_\_\_\_ \$50 Deposit \_\_\_\_\_ \$250 or \$200 Balance (Member) \_\_\_\_\_ \$300 (Non-Member) \_\_\_\_\_ \$45 Beverly