



Summer/Fall 2011 Workshop Registration Form
Sacandaga Valley Arts Network

*Name _____
*Mailing Address _____
*Phone# (day) _____ (evening) _____
*Cell _____
*Email _____

WORKSHOPS

Name: _____
Date(s): _____
Location: _____

Name: _____
Date(s): _____
Location: _____

Name: _____
Date(s): _____
Location: _____

*SVAN Member: Yes _____ No _____

If interested in becoming a SVAN member, membership forms may be downloaded from the SVAN website www.svanarts.org.

Please contact instructor for supplies/materials needed for class.

In case of cancellation of workshop by instructor, it is recommended that all participants check with the instructor prior to the workshop/class starting date for any rescheduling or further information. Class fees will be returned if the class cannot be rescheduled. Students who cancel within 48 hours of the workshop will not receive a refund. Exceptions may apply.

Registration and supply checks should be made out to **SVAN (Sacandaga Valley Arts Network)**.

Please send registration paperwork to: **Mary Ann Evans, SVAN, PO Box 660, Northville, NY 12134**

Release: As a participant of the above art education workshop, I release SVAN and the locations of workshops/classes in the instructor's home/studio, BCON Corner, Town Hall, Day, NY, Town of Hope Pavilion, Town of Edinburg Community Center, Bradt Building, Town of Wells Nutrition Site, of any liability for items lost, stolen or bodily injury incurred while at this program.

My signature indicates that I understand these terms and agree to them.

Applicant 'signature: _____ Date: _____

Download registration forms from www.svanarts.org .

For registration or workshop questions please contact Laura Ginter at ginterhvl@frontiernet.net or at 518-863-4145.

*Asterisk denotes required information