Enrollment Form

Please print 2 copies, complete and mail this form with your deposit to:

Adventure-Artists with Sharon Rusch Shaver 1585 Wrights Lane Gallatin, TN 37066

To confirm a reservation it is necessary that this form is filled in and signed, then mailed to us with the necessary payment. Enrollment requests are processed on a first received basis. Due to enrollment limitations we may not be able to accept all requests for enrollment. In this case we may offer you alternate dates which you may accept or decline within seven days.

Participant Information Contact Name	on		
Address			
City	StateZip Code		ode
Country			
Telephone Day	ephone DayTelephone Evening		
Email		Fax	
Emergency Contact P	hone number		
	ne Enrollment Terms and Con X		of the terms and conditions for your records)
\$450 due with final balance due.	enrollment form to ins	ure reservation per	person* Deduct from
nov			Questions? Call or email
		now! Sharon: 615-579-8841	
Deduct \$200 fo	or Adventure–Artist Mei	mber Discount***(P	rior attendees eligble)
** early registration only, can no	I deduct this from your total amou ot be combined with any other offe ot be combined with any other offe	er.	e notified of discount prior to
Total Amount	Due: \$		_
Checks accepted only. Mak	e checks payable to: "Adventu	ıre–Artists with Sharon R	usch Shaver"
Authorized Signatur	e:		

All enrolled participants will receive written confirmation and further workshop information. This workshop is offered based on a minimum number of participants. We may cancel this workshop if the minimum number of participants is not met 45 days prior to intended workshop start date. In this case alternate dates may be offered or all payments returned. All classes are taught in English