

Please note that the you will be booking your flight for the 28th of May for arrival on the 29th of May, the workshop begins on the 30th and goes to the 3rd with your flight home on the 4th

Adventure-Artists
1585 Wrights Lane
Gallatin, TN 37066

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

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 _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Telephone Day _____ Telephone Evening _____

Email _____ Fax _____

Emergency Contact Phone number and name _____

*I have read and agree to the Enrollment Terms and Conditions (you will be sent a copy of the terms and conditions for your records)

Signature {required} X _____

_____ \$600 due with enrollment form to insure reservation per person*

_____ \$3,950 Private Room, ensuite _____ \$2,950 Spouse sharing a room** (includes all stated meals and transfers, Final payment due 3/29/23

_____ Deduct \$100 for early registration, before December 30th 2022*

_____ Adventure-Artist Member Discount***

Questions? Call or email now!
Sharon: 615-579-8841
shaveart@startmail.com

*when registering early, you will deduct this from your total amount due final payment,

** early registration only, can not be combined with any other offer.

***early registration only, can not be combined with any other offer, qualifying members will be notified of discount prior to registration

Note: If after a full payment has been made, a substantial increase in the conversion tables that govern the Euro dollar to the U.S. funds should occur, the applicant will be notified and charged the increase accordingly...before their departure for Europe

Total Amount Due: \$ _____

Checks accepted only. Make checks payable to: "Adventure-Artists with Sharon Rusch Shaver"

Authorized Signature: _____

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 60 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