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

Adventure-Artists 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 Informat Contact Name	ion 	
Address		
City	State	Zip Code
Country		
Telephone Day	Telephone	Evening
Email	Fax_	
Emergency Contact	Phone number and name	
	the Enrollment Terms and Conditions X	(you will be sent a copy of the terms and conditions for your records)
\$600 due wit	h enrollment form to insure re	eservation per person*
\$3,200 Privat meals and transfers, Final pay		Spouse sharing a room** (includes all stated
	for early registration, before j	uly 6th 2023* Questions? Call or email now!
** early registration only, can	not be combined with any other offer.	Sharon: 615-579-8841 shaveart@startmail.com fing members with semantical or anseatter prior to
Total Amoun	t Due: \$	
Checks accepted only. Ma	ake checks payable to: "Adventure-Ar	ists with Sharon Rusch Shaver"
Authorized Signatu	ıre:	

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