



FLORIDA MUSEUM FOR
WOMEN ARTISTS

Workshop Registration Form

Registration Information:

Class/Workshop Title: _____ Date(s): _____

Name: _____

Parent/Guardian Name: (If student is a teen or child) _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Payment:

Cost of Class: Member: _____ Non-member: _____ Materials fee: _____

Cash _____ Check # _____

Credit Card: Visa MC Credit Card # _____ Exp. Date _____

Waiver: I grant full permission to the Florida Museum for Women Artists to use any photographs or videos of my art or classroom activities for promotional purposes. I understand that the non-refundable full tuition is due with the completed application. I understand that the Museum administrators have the right to dismiss any student for misconduct and that the student will not be entitled to a tuition refund. In case of an accident requiring medical treatment, I authorize the museum to call 9-1-1 for medical assistance. I also agree the Florida Museum for Women Artists, is not responsible for injuries suffered by myself during this activity. By signing this form, I acknowledge that I have read and understand the above policies.

Signature: _____ Date: _____

Registration may be mailed to & checks made payable to:

**Florida Museum for Women Artists
100 N. Woodland Blvd. Suite 1. DeLand, FL 32720**

For more information call (386) 873-2976 or visit www.FloridaMuseumforWomenArtists.org