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**Pysanky Workshop Registration**

**Workshop Fee: $30.00 per person Non-Member Fee $5.00 Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_Dec 17th 1:00 – 4:00 \_\_\_\_\_Dec 17th 6:30 – 9:30 \_\_\_\_\_Dec 19th 1:00 – 4:00 \_\_\_\_\_Dec 19th 6:30 – 9:30**

**Deluxe Kit\_\_\_\_\_$35.00**

**Email completed registration forms to** [**gaac@mymts.net**](mailto:gaac@mymts.net) **subject Ukrainian egg**

**Payments accepted - cash, cheque or auto deposit. Send auto deposit to** [**gaactreasurer@mymts.net**](mailto:gaactreasurer@mymts.net) **. Indicate the participants name and the workshop name in the transfer**

Town of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RM of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (for funding purposes)

Name of Participant:­­­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may register together if in the same household.

Name of Participant:­­­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under 12 Age(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Aller Workshops must be paid in full.

gies or Medical Concerns \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to be added to GAAC email list to receive notices of upcoming classes and events? YES NO N/A

**Please sign and date your registration form after reading the terms and conditions below.**

1. Non-Member Fee of $5.00 each workshop unless otherwise stated. Membership for individual is $25.00 and a Family is $50.00. Membership is valid from September to August.
2. Workshops must be paid in full.
3. The GAAC or its instructors are not responsible for any harm, sickness or injury of any person in or around the premises and are not responsible for any lost or stolen items.
4. The GAAC has an allergy aware policy and requests all snacks be peanut-free.
5. We encourage participants to talk to instructors but request all suggestions, complaints or concerns be submitted in writing to the GAAC. The board will address all concerns.
6. The GAAC and instructors have a zero-tolerance policy towards inappropriate and disrespectful behavior. The GAAC reserves the right to refuse service on this basis.

**I give permission to GAAC to take photographs of me or my child while attending the workshop:**

\_\_\_\_ for promotional use on the GAAC website, communications and local newspapers

\_\_\_\_ for promotional use on social media sites such as Facebook and Instagram

**I have read and agree to the terms and conditions listed above:**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_