



Art Workshops

Registration

• Workshop Name _____

• Time and Place _____

Name: _____ Email: _____
 (Please Print) First Last City/Town: _____
 Street Address: _____ Postal Code _____
 Telephone (RES): _____ (BUS): _____

Contact information will only be used to inform you of events sponsored by the South Simcoe Arts Council (SSAC). **With paid application**, the applicant and parent/guardian are indicating that they have read and they understand the rules for the Youth Arts Workshops and give permission for photos to be released for media and SSAC purposes. **(If participant is under 18 years of age) I give permission for my son/daughter to take part in a Youth Arts Workshop.**

DONATIONS are gratefully received in support of the SSAC. Name and Address of Donor: _____		REGISTRATION FEE: <input type="checkbox"/> _____ <i>Donation</i> \$ _____ TOTAL ENCLOSED \$ _____ DONORS- PLEASE COMPLETE THE SECTION AT LEFT. A charitable receipt will be issued for all donations of \$20 and over. If paying by credit card, complete the section at left. PLEASE • DO NOT SEND CASH IN THE MAIL. • DO NOT SEND CREDIT CARD INFORMATION BY EMAIL.
You may pay for the registration/donation by <input type="checkbox"/> cash, <input type="checkbox"/> cheque, or Make cheques payable to the South Simcoe Arts Council.		
CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard		
Name on Card (PLEASE PRINT)	_____	
Signature	_____	
Card Number	_____	
Expiry Date	_____	

I agree to be informed by the South Simcoe Arts Council (SSAC) of news, SSAC business, its events or those events that promote and/or provide artists with opportunities. With paid application, the applicant / member is indicating that they have read & acknowledged their express permission.

Signature _____

PLEASE MAIL, DELIVER THE COMPLETED FORM TO THE SOUTH SIMCOE ARTS COUNCIL:
 Mailing address: Box 313, Alliston, Ontario, L9R 1V6. Street Location: 41 Victoria St. E Alliston, ON
 Telephone: (705)435-2378 Email: info@southsimcoeartscouncil.com