



ART WORKSHOP REGISTRATION FORM - 2016

GUY MAGALLANES, CWA
Watercolor Gallery Wrap Painting - 3 Day
October 6-8 Thursday - Saturday Beginner - Advanced

DATES: October 6 - 8, Thursday - Saturday 9:00 AM - 4:00 PM,
LOCATION: SWA Art Center, 527 San Mateo Avenue, San Bruno
FEES: \$225 SWA Members \$250 non-SWA members
REGISTRATION DEADLINE: Tuesday, September 6
MATERIALS: A materials list will be sent to you when available.
CANCELLATIONS: Cancellations received at least 30 days prior to workshop start date will be refunded in full.
INDEMNITY CLAUSE: By signing the Registration Form below, I agree to accept full responsibility for any and all injuries, damages, or losses resulting from my voluntary participation in the activities of SWA Art Workshops, and to hold SWA, its licensors, staff, volunteers, and representatives forever harmless from any action, claim, or liability from same.
WORKSHOP ORGANIZER: Judy Puccini (650) 737-6084 or email at jpuccini@sanbrunocable.com

JOIN SWA - MEMBERSHIP BENEFITS

- 5-7 juried art exhibitions per year including our prestigious Annual Exhibition of Art with over \$5000 prizes
9 artist lecture/painting demonstrations - 3rd Sat of the month
Bi-monthly newsletter - ads for your classes/workshops (fee)
Link to your website or social media
Signature Award Program
Discount on Artist Workshops
Rent the Art Center for solo/group art shows

SWA MEMBERSHIP DUES

Table with 3 columns: Period (e.g., January - December), Amount (\$45.00), and Member Type (New Members Only).

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REGISTRATION FORM

GUY MAGALLANES - Watercolor Gallery Wrap Painting 2-Day
October 6 - 8 Thursday - Saturday 9:00 AM - 4:00 PM

Student Name _____ Phone _____ Email _____

Address: _____ City _____ State _____ Zip _____

_____ \$225.00 SWA Members only
_____ \$75.00 deposit to hold my place in the workshop. Balance due by Tuesday, September 6
_____ \$250 non-SWA Member

_____ Enclosed is my check for _____ payable to "SOCIETY OF WESTERN ARTISTS"
_____ Credit Card Payment (Visa or Mastercard):

Name on Card: _____ Card # _____ Exp. Date _____

Card 3 Digit Code _____ Billing Address _____

Amount _____ Cardholder Signature _____

My signature below confirms my understanding and agreement with the above Cancellation and Indemnity policies:

Signature _____ Date _____

Mail Registration Form and Payment to: Society of Western Artists, c/o Judy Puccini
527 San Mateo Avenue, San Bruno, CA 94066