

SOCIETY OF WEST-COAST ARTISTS
Art Workshop REGISTRATION FORM



Clark Mitchell
2-Day Pastel Painting Workshop

June 3-4, 2023

Intermediate – Advanced Students

Clark will talk about scene selection, sketching, dynamic underpaintings with emphasis on values and high contrast. The difference between drawing and painting with this versatile medium will be discussed. Students should have experience in drawing.

DATES: June 3-4, 2023 **Saturday/Sunday 9:00 AM – 4:00 PM**

LOCATION: SWA Art Center, 527 San Mateo Ave, San Bruno, CA

FEES: \$250 SWA Members \$275 Non-members joining SWA \$290 non-SWA members

REGISTRATION DEADLINE: Thursday, May 25, 2023

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. Cancellations received less than 30 days prior to workshop start date cannot be refunded unless a substitute student can be found. The Workshop Organizer may have a waiting list for a substitute. In the event SWA cancels the workshop, registration fees 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: John Barrows, swagallery@societyofwesternartists.com

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REGISTRATION FORM

Clark Mitchell 2 Day Pastel Painting Workshop
June 3-4, 2023 Saturday-Sunday 9:00 AM – 4:00 PM

Student Name _____ Phone _____ Email _____

Address: _____ City _____ State _____ Zip _____

_____ \$250.00 SWA Members only _____ \$275.00 non-SWA Member joining SWA

_____ \$290.00 non-SWA Member

Sign up on-line at www.societyofwest-coastartists.com

or pay by check made payable to **SOCIETY OF WEST-COAST ARTISTS** **or** Credit Card (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 Registration, Indemnity and Cancellation policies:

Signature _____ **Date** _____

Mail Registration Form and Payment to: SWA, Attn: John Barrows, 527 San Mateo Avenue, San Bruno, CA 94066