

SOCIETY OF WESTERN ARTISTS
Art Workshop REGISTRATION FORM



FRANCIS LIVINGSTON
2-Day Oil Painting Workshop

October 13-14, 2018

Intermediate – Advanced Students

In this workshop Francis will do demonstrations each day and discuss and encourage the creative use of color and the value of experimentation in your work. You will be given ample time to both paint and receive individual instruction from Francis as he introduces you to his unique style, methods and techniques.

DATES: October 13-14, Saturday/Sunday 9:00 AM – 4:00 PM

LOCATION: SWA Art Center, 527 San Mateo Avenue, San Bruno

FEES: \$250 SWA Members \$275 non-SWA members \$265 non-SWA members joining SWA

REGISTRATION DEADLINE: Thursday, September 13, 2018

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, johnbarrows@sbcglobal.net

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REGISTRATION FORM

FRANCIS LIVINGSTON 2 Day Oil Painting Workshop
October 13-14, 2018 Saturday-Sunday 9:00 AM – 4:00 PM

Student Name _____ Phone _____ Email _____

Address: _____ City _____ State _____ Zip _____

_____ \$250.00 SWA Members only

_____ \$75.00 deposit to hold my place in the workshop. **Balance due September 13, 2018**

_____ \$275.00 non-SWA Member

_____ \$265 discount for joining SWA = \$11.25 membership credit effective October 13-December 31, 2018

Pay by check made payable to SOCIETY OF WESTERN 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