

SOCIETY OF WEST-COAST ARTISTS
Art Workshop REGISTRATION FORM



Nancy Crookston
2-Day Portrait Oil Painting Workshop

November 5-6, 2022

Intermediate – Advanced Students

This 2-day oil painting workshop will show you the secrets of painting by using the Russian way of seeing color, values and temperature. You will never look at painting the same way again. Starting off we will have a short lecture, a demonstration and then you will paint from a live model checking yourself with hue, value and temperature.

DATES: November 5-6, 2022 **Saturday/Sunday 9:00 AM – 4:00 PM**

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

FEES: \$275 SWA Members \$330 non-SWA members

REGISTRATION DEADLINE: Thursday, December 19, 2019

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: Jim Stinger, swagallery@societyofwesternartists.com

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REGISTRATION FORM

Nancy Crookston 2 Day Portrait Oil Painting Workshop
November 5-6, 2022 Saturday-Sunday 9:00 AM – 4:00 PM

Student Name _____ Phone _____ Email _____

Address: _____ City _____ State _____ Zip _____

_____ \$275.00 SWA Members only

_____ \$330.00 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: Jim Stinger, 527 San Mateo Avenue, San Bruno, CA 94066