

# TUNDEVISUALARTS STUDIO

## PAINTING WORKSHOPS SERIES

### REGISTRATION FORM

Please print this form, mail to the address below or email to [tundevisualart@gmail.com](mailto:tundevisualart@gmail.com)

Complete and return prior to the date of the workshop. You may pay by mail or by phone. We accept cash, check (payable to Tunde Afolayan) or credit card (VISA or MasterCard only). Registrations will be accepted on a first come, first served basis.

**Please register me for the following workshop:**

**Name of Workshop:** \_\_\_\_\_

**Date and Time of Workshop:** \_\_\_\_\_

**Fee:** \$ \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:(\_\_\_\_)** \_\_\_\_\_

**Child's Name (if Children's Workshop)** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Photo Release Box:**  Please Check this box IF you **DO NOT** want to permit TVAS staff and Marketing Staff to use any photographs of you or your child in marketing publications.

Please complete the following information if paying by credit card.

*A receipt will be mailed to you upon request.*

**Card Holder's Name:** \_\_\_\_\_ **VISA or MasterCard**

**Credit Card Number:** \_\_\_\_\_ **Total Amount \$** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Mail to and Contact Information:

**TUNDE AFOLAYAN**

145 WILDWOOD LANE BOONE, NC 28607

PHONE: (919) 794-1247

[tundevisualart@gmail.com](mailto:tundevisualart@gmail.com)

[www.tundevisualart.com](http://www.tundevisualart.com)

#### Tundevisualart Use Only:

Registration Received Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Method of Payment: \_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_ Credit Card \_\_\_\_ Other