



Registration Form

Writing Workshop Led by **Arthur Slade** *'Kickstart your Imagination'*

Location: The Refinery, 609 Dufferin Avenue, Saskatoon – Basement Gallery Space

Date/Time: Monday, May 16th, 2016 from 6:00 p.m. - 7:30 p.m.

Cost: \$ 50.00 Fee includes materials. Please make cheques payable to **Creative Writing Seeds Ltd.** Please mail completed Registration with payment to **Creative Writing Seeds Ltd., 1423 Shepherd Lane, Saskatoon, SK, S7W 0B3.**

Student Information

First Name: _____ **Last Name:** _____

Date of Birth: **Day:** _____ **Month:** _____ **Year:** _____

Gender: **Male** **Female**

Parent/Guardian Information

Name: _____ **Emergency Contact No.:** _____

Name: _____ **Emergency Contact No.:** _____

General Information

Address/City: _____ **Postal Code:** _____

Home Phone: _____ **E-mail:** _____

Name of Child's Physician: _____ **Phone No.:** _____

Does your child have any allergies that we should be aware of?

Yes No If yes, please list and explain: _____

Would you like to be added the Creative Writing Seeds mailing list to receive program information?

Yes No

Photos may be taken during class for promotional and website purposes. Names of children will not be used. Do you give your consent to photos of your child being used for the specified purposes?



Yes No