



## Registration Form

### 'Wonderful Words' Art Workshop Led by **Monique Martin**

**Location:** Art Studio, Georges Vanier School, 820 Wilson Crescent, Saskatoon

**Date/Time:** Saturday, May 28, 2016, 1:00 p.m. – 4:00 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.**

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### 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