

APPLICATION (Please Print)

Make check payable to Barb(ara) Leites. Mail this form along with your deposit check to the address listed. Full payment is due two weeks prior to the class date. (Friends sharing materials encouraged)

- _____ Deposit of \$60.00(refundable with 2-week notice)
- _____ One day workshop \$80.00(")
- _____ Full payment of \$160.00/weekend(")
- _____ Full payment of \$350.00/week(")

List the workshop of interest by preference: (see the list)

1. _____
2. _____
3. _____

Name _____ City _____
Address _____ State _____ ZIP _____
Day-time Phone _____ Evening Phone _____
E-Mail _____

I agree not to hold Ara Leites or Ara Fine Art responsible for any injury or loss related to workshops or classes.

Signature _____ Date _____

GIFT CERTIFICATE

FOR: _____ (ARTIST)

in the amount of _____ dollars(\$_____)

Redeemable upon registration in any available workshop.

A gift in acknowledgment of your pursuits in the arts

FROM: _____
_____ (Barbara Leites Workshops)

Authorized Signature - send to Barbara Leites with your return address information so you may send it to you recipient.

Not redeemable for cash and must be included with a registration form from the enrollee.