



## Workshop Registration Form

1. Print and complete the following form, attach a check in the amount of \$50.00 payable to the Piedmont Wood Carvers Club and send to Jim Sullivan, 10 Valley Oak Dr., Greenville, SC 29617. Reservations for the workshop will be on a 1<sup>st</sup> come, 1<sup>st</sup> served basis. If the Workshop is full, your deposit will be returned to you. Otherwise you will receive confirmation of your reservation via an email or a letter if you prefer.

### 2. Registration

Workshop Title: \_\_\_\_\_

Instructor: \_\_\_\_\_ Cost: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Tools Recommended: \_\_\_\_\_

Confirmation Preference email @ \_\_\_\_\_ or letter \_\_\_\_\_ @ your

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Questions contact: Jim Sullivan @ 864-915-6766 or [jmshq@bellsouth.net](mailto:jmshq@bellsouth.net)

### 3. Waiver of Liability

I agree that The Piedmont Wood Carvers Club (PWCC), its instructors, or any sponsor is not responsible for damage to, theft or any loss of my property. I further agree and promise to hold harmless PWCC, its instructors and any sponsor from any or all liability resulting from, or in any way connected with my participation in the above described workshop. I agree and promise to conduct myself in a manner that is safe for other students, participants, instructors and myself.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 4. Emergency Contact Information – in case of emergency contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Anytime –cell \_\_\_\_\_