

GALLANT/PATTERSON WORKSHOPS
"Photography and Visual Design"

APPLICATION FORM (2018)

Name.....
Address.....Postal Code.....
Tel: Home.....Work.....
email.....
Name I usually go by.....
Male_____ Female_____

WORKSHOP DATES: 1st choice 2nd choice

Lunenburg, NS (André)
May 20 - 25
October 21 - 26

St. Martins, NB (André and Freeman)
July 1 - 7
July 15 - 21
August 26 - Sept 1
October 7 - 13

DEPOSIT:
VISA/_____ Exp._____
Mastercard

Email Money Transfer _____ (send \$400. deposit to freepatt@nbnet.nb.ca after January 1st)

GUESTS:
I will be accompanied by.....

WAIVER OF LIABILITY
"I expressly acknowledge and agree that Shampers's Cove Limited or any of their directors, officers, employees or agents shall not be liable for any claims or damages arising from personal injury sustained, nor for any loss or theft of personal property, however caused."

Date.....
Signed.....

EXTREMELY IMPORTANT!!

Special dietary requirements.
(If your dietary restrictions require the purchase of specialty items, an additional fee may be charged).

Yes.....No.....
.....
.....
.....
.....

Complete and **sign** this form and return to:

SHAMPERS COVE LIMITED
3487 ROUTE 845
LONG REACH, NB
CANADA E5S 1X4

e-mail freepatt@nbnet.nb.ca
Phone 506-763-2189
Fax 506-763-2035