## SOCIETY OF WEST-COAST ARTISTS

## Art Workshop REGISTRATION FORM



## Yvette Head 2-Day Acrylic Abstract Botanicals Workshop

September 24-25, 2022

Beginner to Advanced Students

This 2-Day Workshop emphasizes experimental painting techniques with acrylic mediums. Students will create abstract botanical inspired paintings, with textured surfaces, organic line-work and colorful glazing. Explore unique methods of applying molding paste, gels and fluid paint to your artwork.

DATES: September 24-25, 2022 Saturday/Sunday 10:00 AM - 3:30 PM

LOCATION: In-person

FEES: \$200 SWA Members Joining SWA with workshop - \$225 \$250 non-SWA members

**REGISTRATION DEADLINE:** Saturday, September 17. 2022 **MATERIALS:** A materials list will be sent to you when available.

**CANCELLATIONS**: Cancellations received at least 30 days prior to workshop start date will be refunded in full. Cancellations received less than 30 days prior to workshop start date cannot be refunded unless a substitute student can be found. In the event SWA cancels the workshop, registration fees will be refunded in full.

**INDEMNITY CLAUSE:** By signing the Registration Form below, I agree to accept full responsibility for any and all injuries, damages, or losses resulting from my voluntary participation in the activities of SWA Art Workshops, and to hold SWA, its licensers, staff, volunteers, and representatives forever harmless from any action, claim, or liability from same.

WORKSHOP ORGANIZER: John Barrows For questions email swagallery@societyofwesternartists.com

REGISTRATION FORM – if not registering online  Yvette Head 2-Day Acrylic Abstract Botanicals Workshop			
Student Name	Phone	Email	
Address:	City	State	Zip
In PersonOnline \$200.00 SWA Members only \$225.00 New Members Joining SWA with we \$250.00 non-SWA Member  Pay On-line at <a href="https://www.societyofwest-coasta">https://www.societyofwest-coasta</a> or by check made payable to <a href="https://www.societyofwest-coasta">SOCIETY OF WEST-COASTA</a>	orkshop registration rtists.com/artistworkshops		rd)
Name on card:	Card #		_ Exp. Date
Card 3 Digit Code Billing Address			
Amount Cardholder Sig	gnature		
My signature below confirms my understanding and agree	eement with the above Regis	stration. Indemnity and Car	ncellation polic

Signature \_\_\_\_\_\_ Date \_\_\_\_\_

Mail Registration Form and Payment to: SWA, Attn: John Barrows, 527 San Mateo Avenue, San Bruno, CA 94066