

ART GUILD OF TELLICO VILLAGE

Workshop Application & Registration

Workshop Title: _____

Dates: _____

Fee: _____

Instructor: _____

Applicant Name: _____

Phone: _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

Students please retain this part of the form for your records.

Instructor: _____

Workshop Title: _____

Workshop Dates: _____

Fee: _____

To Register: Make check payable to the AGTV and send to the AGTV Workshop Chair. Full payment is due by the date given in the workshop description. *A full refund is given for cancellations up to 60 days prior to the date of the workshop.*

WORKSHOP CHAIRPERSON

Cindy Vermeersch

Address: 3645 Cactus Cove Road, Louisville, TN 37777

Phone: 865-385-7694 E-mail: vermeerschci@gmail.com

CLASS CONFIRMATION AND SUPPLY LIST/OTHER GUIDELINES: Workshop Chair will e-mail information to students upon receiving application and check as posted at www.tellicoartguild.org

Instructors own the student relationship (i.e. cancellations, rain dates, make-up sessions, etc.). AGTV provides an available classroom at Chota or another location: Tellico Village Chota Recreation Center Room A; 145 Awohili Drive; Loudon, TN 37774; 865-458-6779.