

SFAI SUMMER ARTS 2010
Workshop Registration

Participant Name: _____

Age: _____

Parent/Guardian: _____

Telephone: _____

Mailing address: _____

e-mail: _____

Emergency contact: _____

Allergies: _____

Workshop(s) you are registering for:

Date of workshop	Title of workshop

Please include ½ of workshop cost as a deposit, or full payment. You can include a check, call us with a credit card, or stop by in person.

We do have **scholarships available**, so if cost is prohibitive, please get us a copy of your most recent tax return form and a short letter explaining your financial situation and what you could pay.

Please return this form to SFAI Education and Outreach Director Deanne Brown

e-mail: dbrown@sfai.org

mailing address: P.O. Box 24044, Santa Fe, NM 87502

Fax: (888)345-5051

physical address: 1600 St. Michael's Dr. Santa Fe NM 87505