



CCA WORKSHOP

2018 REGISTRATION FORM

Workshop: Storytelling for the Ages

Date: Saturday, July 28th

Time: 10am-3:30pm with a break for lunch 12pm-1pm (*Lunch is not provided*)
and a community sharing event @ 4pm

Location: Pop Start @ 211B Broad Street, York

Name _____ Age _____

Address _____

Email _____

Day phone _____ Cell phone _____

I understand that workshops might entail using art-making tools & materials. I will not hold the Coleman Center for the Arts, or any of their employees, associates, or volunteers, liable for any accidents, injuries, or other unforeseen harms incurred by me at any time while participating in the workshop. I give my permission for photographs and videos of and made during the workshop to be used in promotional materials and on the Coleman Center web site and social media.

Participant Signature _____ Date _____

If any participants are minors:*

I hereby give permission for my child to attend the Coleman Center for the Arts' workshop. I understand that workshops might entail using art-making tools & materials. I will not hold the Coleman Center for the Arts, or any of their employees, associates, or volunteers, liable for any accidents, injuries, or other unforeseen harms incurred by my child at any time while participating in the workshop. I give my permission for photographs and videos of and made by my child to be used in promotional materials and on the Coleman Center web site and social media.

Parent/guardian signature _____ Date _____

***CHILDREN UNDER 12 MUST BE ACCOMPANIED BY A PARTICIPATING ADULT.**

*****If any participants are unable to attend after registering, please inform the Coleman Center as soon as possible so other community members can be given the opportunity to participate.**