



# Workshop Registration Form

Please indicate whether you are signing up for the one-day class or the Six week series (or both) and include appropriate payment.

NAME OF WORKSHOP \_\_\_\_\_

DATE \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

***Please bring your lunch, snack, and beverage.***

Mail checks payable to **CWS**

Contact person: Angela McMurray

Email: [BowWow46@gmail.com](mailto:BowWow46@gmail.com)

**Mail your check and Registration Form**

**to:**

**Citrus Watercolor Society**

**P.O. Box 2464**

**Inverness, FL 34451-2464**

**Please notify Angela by email that you are sending your registration.**

For more info see website <http://www.citruswatercolorsociety.org/workshops>