



Workshop Registration Form

NAME OF WORKSHOP _____

DATE _____

Your Name _____

Address _____

Phone _____ Email _____

Please bring your lunch, snack, and beverage.

Mail checks payable to **CWS**

Contact person: Gingi Martin

Email: vlmop77@gmail.com

Mail your check and Registration Form

to:

Citrus Watercolor Society

P.O. Box 2464

Inverness, FL 34451-2464

Please notify Signian by email that you are sending your registration.

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