Workshop Registration Form

NAME OF WORKSHOP_____

DATE_____

Your Name_____

Address_____

Phone_____ Email_____

Please bring your lunch, snack, and beverage.

Mail checks payable to **CWS**

Mail your check and Registration Form to:
Citrus Watercolor Society
P.O. Box 2464
Inverness, FL 34451-2464

Contact person:Elaine Mclaughlin
Email: Mtmelaine@gmail.com

Please notify contact person by email that you are sending your registration.

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