

GALLANT/PATTERSON WORKSHOPS
"Photography and Visual Design"

APPLICATION FORM (2010)

Name.....
Address.....
Tel: Home..... Work.....
e-mail.....
Name I usually go by.....
Male_____ Female_____

WORKSHOP DATES: 1st choice 2nd choice

Lunenburg, NS (André)
May 23 – 29

St. Martins, NB (André and Freeman)
June 27 – July 3

I will be shooting Digital _____ Slide Film _____

Mode of travel Car _____ Plane _____

DEPOSIT:
VISA/_____ Exp. _____
Mastercard

GUESTS:
I will be accompanied by.....

WAIVER OF LIABILITY
"I expressly acknowledge and agree that Shampers's Cove Limited or any of their directors, officers, employees or agents shall not be liable for any claims or damages arising from personal injury sustained, nor for any loss or theft of personal property, however caused."

Date.....

Signed.....

EXTREMELY IMPORTANT!!

Special dietary requirements:

Yes.....No.....
.....
.....

Complete and sign this form and return to:

SHAMPERS COVE LIMITED
3487 ROUTE 845
LONG REACH, NB
CANADA E5S 1X4

Phone 506-763-2189
Fax 506-763-2035
e-mail freepatt@nbnet.nb.ca