

# KOO SCHADLER NH STUDIO WORKSHOPS

562 ALSTEAD CENTER ROAD, ALSTEAD NH 03602



## REGISTRATION FORM

Name (Mr/Mrs/Ms.) \_\_\_\_\_ Nickname \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

### Workshop(s) you wish to attend

1. Title \_\_\_\_\_ Dates \_\_\_\_\_

2. Title \_\_\_\_\_ Dates \_\_\_\_\_

3. Title \_\_\_\_\_ Dates \_\_\_\_\_

4. Title \_\_\_\_\_ Dates \_\_\_\_\_

*A completed registration form and \$200 deposit for each workshop you wish to enroll in is required to secure your place. Payment in full is due one month prior to the start of the workshop to secure your spot. Enrollment reservations are accepted in the order in which they are received.*

### Payment Method

Please check one:    Paypal \_\_\_\_\_    Check \_\_\_\_\_    Money Order \_\_\_\_\_

Special diet, please explain: \_\_\_\_\_

Special disability, please explain: \_\_\_\_\_

**➔ Registration in a workshop indicates that you have read and understand the terms and conditions.**

Return this complete form and return it via either email to [info@kooschadler.com](mailto:info@kooschadler.com) or US Post to

**Attn: Koo Schadler Workshops**

Koo Schadler  
562 Alstead Center Road  
Alstead, NH 03602

*Thank you! I look forward to seeing you in class.*