

# WORKSHOP APPLICATION FORM

NAME: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

Workshops Selected:

Fees:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

Total Fees: \_\_\_\_\_

**\*\*\*\*Please make cheques out to Local Colour Art Group\*\*\*\***

Please complete this form and mail it back with your total workshops fee to:

Robert Mathes  
88 Brahms Bay  
Winnipeg, Mb. R2G 3G1