

WORKSHOP REGISTRATION

Grace Church 4 Madison Ave. Madison, NJ. 07940

Check #____

To register, please print and complete this form. Mail it with payment to: GSQ, P.O. Box 424, Chatham, NJ 07928. No seat is guaranteed until payment is received. On your check please note with class (es) you are taking.

IMPORTANT: Workshops start at 9:30 AM and you may arrive at 9 AM to set up.

NOTE: No food, water or coffee will be provided. Please bring your own lunch, drinks and snacks.

Name:	
Member: Non memb	per :
Address:	
Phone #:	Email:
WORKSHOP NAME AN	D DATE:
1	
2	
3	
4	
	will be refunded if you cancel 21 days or more before each workshop not a waiting list your money is forfeited unless you can find your
Emergency Contact Informat	ion:
Name and relationship:	Phone#:
Important medical info:	

Accepted by: (initials)_____ Date:____