

# Hudson River Valley Art Workshops Enrollment Form

Please print this form, fill it out and mail or fax to:

Hudson River Valley Art Workshops  
PO Box 659  
Greenville, NY 12083  
Fax: 1-518-966-8754

NAME (Mr., Mrs., Ms.) \_\_\_\_\_

Nickname \_\_\_\_\_

ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Country

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

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

WORKSHOP/ARTIST \_\_\_\_\_

Arrival Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Departure Date \_\_\_\_/\_\_\_\_/\_\_\_\_

DOUBLE OCCUPANCY, I will be sharing with:  **non-student or**  **fellow student**

PLEASE FIND ME A ROOMMATE

I understand if no roommate can be found, I will be enrolled at single rate.

SINGLE OCCUPANCY (No roommate)

DAY STUDENT

**ENCLOSED \$405 (2019 Workshops) or \$425 (2020 Workshops) DEPOSIT** per person

Check or Money Order  Visa  MasterCard  Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Dietary restrictions - please list everything you cannot or do not wish to eat:**

\_\_\_\_\_  
\_\_\_\_\_

We may not be able to accommodate dietary restrictions if we do not know about them in advance.

**Enrollment in a workshop indicates that you have read and understand the terms of enrollment.**