

Potluck Creative Arts

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Agreement for Offered Activity Workshops

To be completed by the Participant or, if the Participant is a minor, a legal guardian of the Participant.

Participant Information

Participant's Full Name _____

Workshop Information

Potluck Creative Arts Offering Code _____

I would like Potluck Creative Arts to acquire necessary materials for me: Yes No

- ✓ I am enclosing with this Agreement full payment of the enrollment fee for the Offering indicated by the above Offering Code.
- ✓ I have added materials fees to my payment, per consultation.
- ✓ I acknowledge and agree to the terms of the Policy for Offered Activity Workshops, available at the Potluck Creative Arts website, and am completing this Agreement in accordance with its terms.

Patron Information

Name _____

Organization (optional) _____

Address _____

City / State / ZIP _____

Telephone _____ Type (Home/Work/Cell/Etc.) _____

Email Address _____

Signature _____ Date _____