

Workshop / Skill Sharing Days Application Form

This form must be completed in order to attend an ACTTAA Workshop or Skill Sharing Day - referred to here as Workshop

Workshop : _____ Code: _____ Date: _____

Your Name: _____

Address: _____

Contact Phone Number: _____

Email: _____

Your Emergency Contact:

| Name | Contact No | Relationship to You |
|------|------------|---------------------|
| | | |

Workshop Fee: _____ Amount Paid: _____ Balance Owing: _____

ACTTAA Member? (Circle) YES / NO

Workshop / Skill Sharing Days Terms and Conditions

1. Numbers in workshops are limited so book early to ensure a place
2. Your place in the workshop will be confirmed when a completed Enrolment Form has been received by the Workshop Coordinator and the Treasurer has confirmed full payment. A confirmation email will be sent to you with the Requirements List
3. **Payment in full to be paid two weeks prior to the date of the workshop.** If not, you will lose your place to someone else on the waiting list and forfeit your deposit
4. **No refunds will be offered.** If you are unable to attend a workshop for any reason, allocate your place to a replacement. However, you must work out your own financial arrangement and notify the Workshop Coordinator of the change
5. Ensure you have the correct venue address and list of requirements and bring all necessary equipment to the workshop
6. Please ensure you arrive 15 minutes before the start of the workshop and assist with the cleaning up at the end
7. Please ensure you sign on when you arrive, and sign off when leaving
8. If a workshop is cancelled by ACTTAA, a full refund will be given

I have read and accepted the Workshop / Skill Sharing Days Terms and Conditions

Methods of payment

Once you have chosen your method of payment please ensure this form is sent/given to the Workshop Coordinator at the address below or at a meeting when you make your payment

Direct deposit
BSB: 062908 Account number: 907330 Account Name: ACT Textile Arts Association
Please make sure you include your name and reason for payment in the transaction

Cash/Card paid to the Treasurer at monthly meeting

| | | |
|---|------------------------|-------------------|
| Administration use only | | |
| Date of payment: | Date of receipt: | Receipt No: |
| Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Direct Deposit | | |