

## 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

<b>Workshop:</b>		<b>Date:</b>	
<b>Your Contact Details</b>			
<b>Name</b>			
<b>Address</b>			
<b>Contact phone number</b>			
<b>Email address</b>			
<b>Your Emergency Contact</b>			
<b>Name</b>			
<b>Relationship to you</b>		<b>Contact number</b>	
<b>Workshop Fee:</b>	\$	<b>Amount paid:</b>	\$
<b>Balance Owing:</b>	\$		
<b>ACTTAA member:</b>	<b>Yes</b>	<b>No</b>	

### Workshop / Skill Sharing Days Terms and Conditions

- Numbers in workshops are limited so book early to ensure a place.
- Your place in the workshop will be confirmed when an Application Form has been received by the Workshop Coordinator and the Treasurer has confirmed full payment. A confirmation email will be sent to you.
- 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.
- 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.
- Ensure you have the correct venue address and list of requirements and bring all necessary equipment to the workshop.
- Please ensure you arrive 15 minutes before the start of the workshop and assist with the cleaning up at the end.
- Please ensure you sign in when you arrive, including the COVID Sign In, and ensure you sign out when leaving.
- 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

<b>BSB:</b> 633 000	<b>Account No:</b> 179943287
<b>Account Name:</b>	ACT Textile Arts Association

#### Direct deposit

*Please make sure you include your name and reason for payment in the transaction*

**Cash** paid to the Treasurer at a monthly meeting

**Administration use only**

Date of payment: ..... Date of receipt: ..... Receipt No: .....

Payment method:  Cash      Direct  deposit