**This form must be completed in order to attend an ACTTAA Workshop or**

**Skill Sharing Day** - referred to here as Workshop

|  |  |  |  |
| --- | --- | --- | --- |
| **Workshop:** |       | **Date:** |  |
| **Your Contact Details** |
| **Name** |       |
| **Address** |       |
| **Contact phone number** |       |
| **Email address** |       |
| **Your Emergency Contact** |
| **Name** |       |
| **Relationship to you** |       | **Contact number** |       |
|  |
| **Workshop Fee:** | $      | **Amount paid:** | $      | **Balance Owing:** | $      |
| **ACTTAA member:** | **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 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.
3. **Payment in full must be received at the time of registration.**
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 in when you arrive, including the COVID Sign In, and ensure you sign out 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

|  |  |
| --- | --- |
| **BSB:** 633 000 | **Account No:** 179943287 |
| **Account Name:** | 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

www.acttextiles.org.au workshops@acttextiles.org.au PO Box 116 Curtin ACT 2605 ABN 81 685 563 129