

Charleston Artist Guild: Art Academy Class Application

Name _____ Phone# _____

Address _____

E-mail address _____ Cell phone _____

Instructor/class _____

Instructor/class _____

Tuition amt. _____ any addt'l fee _____ total _____ Paid on _____ By _____

Photo workshop will be held at Russ's Studio, 413 Fleming Rd #12, James Island on Sun. Nov 1st from 10 am to 3 pm. Directions will be e-mailed after registration.

Business of Art workshop will be held at the former CAG gallery on North Atlantic Wharf on Mon. Nov. 9th from 6 pm to 8 pm.

For questions, information contact: Pam Miller-Schussel 216-7755 devoncroft@comcast.net
Bob Ingram 722-2454 charlestonartist@bellsouth.net

The student understands that he/she is fully responsible for his/her artwork, supplies and person; and that neither The Studio nor Charleston Artist Guild is responsible for any damage to or loss of the student's property or injury to the student by willful act or misadventure.

Signature _____ Date _____

Please return this form and your check for the proper amount to:

Charleston Artist Guild
PO BOX 21086
Charleston, SC 29413-1086