

# REGISTRATION FORM

*Deadline to register is February 15, 2012*

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Arrival date & time \_\_\_\_\_ Leave date & time \_\_\_\_\_

Closest airports are Brunswick, Ga and Jacksonville, Fl. You are responsible for your transportation.

**Accommodations:** Rates for private or shared rooms include 3 meals per day.

2 people per room/per night.. \$90.00 each

1 person per room, per night \$128.00

**I plan to stay** Thurs. Mar 29 \_\_\_\_ Fri. Mar 30 \_\_\_\_ Sat. Mar 31 \_\_\_\_ Sunday Apr 1 \_\_\_\_

I will be sharing a room with \_\_\_\_\_ I will need a roommate. Y\_\_\_\_N\_\_\_\_

I am a paid TEAM member (check one) Yes\_\_\_\_No\_\_\_\_Region\_\_\_\_

## CLASS CHOICES

*Please refer to "Classes Brochure" for choices. Earliest registrations received will have their choice of classes*

**Thursday night : FUN, FUN, FUN.** A chance to reconnect with fellow artist, receive announcements, information plus a FREE class taught by Bonnie Phillips. Also Vendors will be selling their "stuff". **YOU CAN TOO!**

**Friday classes:**

\_\_\_ 9:00 – 4:00 Dorothy Dent "Springtime Serenity"

\_\_\_ 9:00–12:00 Tina Carchia "Feeling Froggy"

\_\_\_ 1:00 - 4:00 Pat Appling "Happy Sunrise"

**Friday Night**

\_\_\_ 7:30 -10:30 Pat Appling "Sea Shells By the Seashore"

\_\_\_ 7:30 -10:30 Cindy Makowski "A Sweet Treat"

\_\_\_ 7:30 -10:30 Nicholas Hankins "Summit View"

**Saturday Classes:**

\_\_\_ 9:00 – 4:00 Dorothy Dent "Candlestick & Berries"

\_\_\_ 9:00 – 4:00 Nicholas Hankins "Saturday By the Sea"

\_\_\_ 1:00 - 4:00 Kay Bishop "Bobby's Barn"

**Sunday Classes**

\_\_\_ 9:00–4:00 Dorothy Dent "Lilacs & Butterfly"

\_\_\_ 9:00 –4:00 Brenda Harris "Shimmering Seas"

**SUNDAY NIGHT: FUN AND GAMES FOR ALL.**

**REGISTRATION FEES:**

**ACCOMMODATION FEES:** (Please complete the following)

I will be staying \_\_\_\_\_ nights at \$90.00 (Dbl) or \$128.00 (Sgl) TOTAL \$ \_\_\_\_\_

I PLAN TO PAINT \_\_\_\_\_ DAYS X REGISTRATION FEE AS FOLLOWS.

TEAM member..... \$30.00 per day or \$85.00 for all 3 days for payments received by deadline of February 15, 2012. TOTAL \$ \_\_\_\_\_

**After February 15, registration will increase by \$5.00 per day.** TOTAL \$ \_\_\_\_\_

Guest..... \$40.00 per day or \$115.00 for 3 days TOTAL \$ \_\_\_\_\_

**After February 15, registration will increase by \$5.00 per day.** TOTAL \$ \_\_\_\_\_

**CLASS MATERIALS COST:** \$15.00 for every class taken. Covers ground, & lesson packet. Supply fee for all classes checked \_\_\_\_\_ @ \$15.00 each TOTAL \$ \_\_\_\_\_

**Add Tuition for each Dorothy Dent class checked** @ \$20.00 each day TOTAL \$ \_\_\_\_\_

**(Maximum number of students per day in Dorothy's class is 25) Register early.**

**Guest** cost for Dorothy's class is \$45.00 unless they become a member TOTAL \$ \_\_\_\_\_

DUES FOR 2012 (if not already paid) \$25.00 TOTAL \$ \_\_\_\_\_

**GRAND TOTAL OF ALL COSTS** TOTAL \$ \_\_\_\_\_

(This includes Accommodations, Instructors' fee, class materials & dues if applicable. )

**TO REGISTER:** Send registration form AND YOUR CHECK OR MONEY ORDER BY THE DEADLINE OF **FEBRUARY 15, 2012** TO THE FOLLOW ADDRESS:

**TEAM ACCOUNT**

**NICKI ROMBERGER**

**11203 Kerry Hills Court**

**Riverview, Florida, 33569**

e-mail [nickirom@msn.com](mailto:nickirom@msn.com)

**REQUIRED WAIVER:**

I hereby agree that EPWORTH BY THE SEA OR TEAM SE REGION OR AFFILIATES, officers, are not liable for losses, damages, expenses, suits, judgments, counsel fees and costs for any claim brought by any person arising out of or related to the event March 29-April 2, 2012 at Epworth By the Sea facilities or participation in its programs ,

Signed \_\_\_\_\_ Date \_\_\_\_\_

**If you plan to attend the upcoming SE Regional meeting of TEAM in St. Simons in March, please fill out this form and return with your reservation and payment:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State & Zip** \_\_\_\_\_

**Medical Form:**

**Blood type and/or Medic Alert** \_\_\_\_\_

**Allergies/medications** \_\_\_\_\_

**Physician Name & phone number** \_\_\_\_\_

**Special dietary needs** \_\_\_\_\_

**Any other special instructions** \_\_\_\_\_

**In case of emergency please contact:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**I hereby release TEAM SE Regional members and officers from any liability in any injury or personal problems while attending the regional meeting or event.**

**Signed this day** \_\_\_\_ **Month** \_\_\_\_\_ **Year** \_\_\_\_\_

**x** \_\_\_\_\_