

TEAMARDIGRAS

T.E.A.M. S.E. Regional Meeting

Epworth By the Sea

St. Simon Island, Georgia

March 25 – 28, 2010

Name _____

Address _____

City and State _____ **Zip** _____

Phone _____ **Cell** _____ **Fax** _____

E-Mail _____

IMPORTANT INFORMATION

Arrival date & time _____

Leave date & time _____

MUST PAY IN FULL FOR ALL CHARGES WITH THIS REGISTRATION

(No refunds at meeting time for changes)

Mail check made out to “TEAM ACCOUNT” and send with this registration Form to:

**Frances Walker
1003 Sonata Lane
Apollo Beach, Fl., 33572**

For more information call Gloria at 954-782-9485, or email her at gloriastegman@juno.com

Reserve Nights: (Check each separately)

Thurs, Mar. 25 _____ **Fri, Mar. 26** _____ **Sat, Mar. 27** _____ **Sun, Mar. 28** _____

**ACCOMMODATIONS: Rates for private (or shared) room plus three meals per day
Are as follows:**

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

1 person per room, per night. \$128.00

Thursday, March 25: (cost per night) Subtotal \$ _____

Friday, March 26: (cost per night) Subtotal \$ _____

Saturday, March 27: (cost per night) Subtotal \$ _____

Sunday, March 28: (cost per night) Subtotal \$ _____

ACCOMMODATIONS FEE, Total \$ _____

I will be sharing a room with _____

I will need a roommate: Yes ___ No ___ (check one)

**(Closest airports are Brunswick, Ga. & Jacksonville, Fl.
You are responsible for your transportation plans)**

INSTRUCTORS' FEE:

I am a paid TEAM member (check one) Yes ___ No ___ Region _____

I am a paid, certified TEAM member Yes ___ No ___ Region _____

I PLAN TO PAINT: Check all that applies) Friday ___ Sat ___ Sun ___

Enter fees separately

Guest - \$40.00 per day or \$115.00 for 3 days Total \$ _____

Non-certified Team member \$30.00 per day or \$85.00 for 3 days Total \$ _____

**Certified TEAM member - \$23.00 per day or \$65.00 for 3 days Total \$ _____
(Certified by Alexander Art, Koh-l-Noor or ColArt) including
those members in the certification program now!**

**CLASS MATERIAL COST: (Cost for each class you take is \$12.00 per class
Which includes a lesson packet and painting surface or canvas)**

Number of classes checked ___ @ \$12. each Total \$ _____

DUES OF \$25.00 for 2010 if not already paid Total \$ _____

GRAND TOTAL of ALL Costs \$ _____

(This includes: Accommodations, instructors' fees, class material costs & dues if applicable.)

Painting Schedule

Thursday Night: FUN FUN FUN!!! A chance to reconnect with fellow Artist, receive announcements, information and **FREE Class! led by Bonnie Phillips** Bring either an 8x10", 9x12" or 11x14" canvas.
SURPRISE! No canvas prep! Whoohoo!\

Friday Day choices: (Note: *all day* means morning and afternoon.)

Brenda Harris "Strutting The Bayou" YES ___ NO ___
Class from 9:00 – 4:00 with 1 hour break for lunch

Friday Evening choices: Choose one:

Smokey Beare "The Eyes Have It" 7:00 – 10:00 YES ___ NO ___
Lisa Grinter "Impressionistic Apples" 7:00 – 10:00 YES ___ NO ___
Terri Clements "Jazzman" 3 Hours 7:00 – 10:00 YES ___ NO ___

Saturday choices: (Note: *all day* means morning & afternoon)

Este Rayle "Lola Falana" YES ___ NO ___
Class from 9:00 – 4:00 with 1 hour break for lunch
Arlee Jenkins "Pemaquid Lighthouse" YES ___ NO ___
Class from 9:00 – 4:00 with 1 hour break for lunch
Shirley Chipman "Waiting To Be Admired" (9:00 – 12:00) YES ___ NO ___
Kay Bishop "The Mask" (1:00 – 4:00) YES ___ NO ___

Saturday Night: BANQUET...6:30 p.m. (with Mardi Gras costumes)

Sunday Day Choices:

Helen Blair "View From The Lake House" YES ___ NO ___
Class from 9:00 – 4:00 with 1 hour break for lunch
Morgan Webb "Johnny Depp as Captain Jack Sparrow" YES ___ NO ___
Class from 9:00 – 4:00 with 1 hour break for lunch

Sunday Choices:

John Gibson 1:00 – 4:00 YES ___ NO ___

Sunday Evening Fun, Fellowship & Games.

Prepaid class costs will be for the class you are assigned only.
Additional lesson packets may be purchased from the teachers on location.

Please fill out this form and return with your reservation and payment:

Name _____

Address: _____

City, State & Zip _____

Medical

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 _____

Epworth by the Sea is a Methodist Retreat, and NO alcoholic beverages and NO pets are allowed on the premises.

We will conduct ourselves in a manner respectful of our hosts at all times.

Planning committee: Sylvia Wilkinson, Arlee Jenkins, Bonnie Phillips, Deanie Oliva, Evelyn Swanson, Kay Bishop & Ra"Shelle Deaming.