

Portraiture in Color Study

Rebecca Tait

June 28 - July 2

9 A.M. - 4 P.M.

\$399

Name

Last/Family First Middle Jr., etc.

Mailing Address

Number and Street

City or Town State Country, Zip or Postal Code

Home phone _____ Cell phone _____

E-mail _____ Occupation _____

Emergency Contact _____
Name/Relationship Contact Number

How did you hear about Studio Incamminati?

Ad Studio Incamminati website Word of mouth Other

Please check your method of payment

VISA MasterCard Check or Money Order

Credit Card Number

Expiration Date

Billing Address (if different from mailing address)

Number and Street

City or Town State Country, Zip or Postal Code

Make out checks and money orders to:

Studio Incamminati
Emerging Artist Summer Workshop
340 N. 12th St., Suite 400
Philadelphia, PA 19107

By signing below, I authorize Studio Incamminati to charge the amount \$ _____ to my credit card. I agree to release and hold harmless Studio Incamminati, its employees, program volunteers, the Wolf Building or other persons connected with the above, from all liability relating to any damage that I may sustain by my registration or participation in the workshop, use of equipment or facilities therein.

Signature _____ Date _____

Signature of legal guardian if student is under age 18.
