



500 North Star Road, Quesnel BC V2J 5P6  
 Phone 250 992 8200 Ext 2233  
 QDCAC2015@gmail.com Website: quesnelarts.com

## Kellie Haines Workshop Registration Form

### Child/ Youth Personal Information

Name \_\_\_\_\_

Age \_\_\_\_\_

Allergies \_\_\_\_\_

Gender \_\_\_\_\_

### Parent/Guardians Contact Information

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to Child/Youth \_\_\_\_\_

Cell \_\_\_\_\_

**Please check your Level of Experience**

Beginner

Intermediate

Experienced

What other type(s) of Children's/Youth Activities would you like to see in the future?

Music (Type of Music? \_\_\_\_\_)

Painting

Drawing

Theatre (Type of Theatre? \_\_\_\_\_)

Cooking

Other \_\_\_\_\_

How did you hear about this workshop?

Word of Mouth

Facebook

Website

Seen Poster, where? \_\_\_\_\_

Where would like to see advertising for upcoming events? \_\_\_\_\_

Comments \_\_\_\_\_

**FEES** 6 to 8 yrs **\$70.00** 9 to 12 yrs **\$90.00** 13 yrs & up **\$125.00**

**Monday March 25 - 29, 2019**

6 to 8 yrs 9 am to 10:30 am

9 to 12 yrs 10:30 am to 12:30 pm

13 yrs & up 1 pm to 3:30 pm

**Friday March 29, 2019**

Everyone at 9 am lunch @ 12 then over to Dunrovin for 1:30 pm Show

\_\_\_\_\_ Fees Paid \_\_\_\_\_ Bursary Amount \_\_\_\_\_ Payment Method \_\_\_\_\_ Date \_\_\_\_\_

## Photo Release Form

### Permission to Publicly Use Photograph or Video

I grant to the Quesnel and District Community Arts Council the right to use submitted photographs and video of me and my family in connection with the above identified event AND for any future use for promotion of our programs or those of our partner agencies.

I authorize, Quesnel and District Community Arts Council its permitted assigns and permitted transferees to copyright, use and publish the same in print, video and/or electronically and release same from any legal liabilities and claims in relation to the use of the photographs.

I agree that the Quesnel and District Community Arts Council AND partner agencies may use such photographs of me with or without my name and for any lawful purpose including, for example, such purposes as publicity, illustration, advertising and web content.

I have read and understand the above:

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Parent/Guardian Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City & Postal Code

\_\_\_\_\_  
Email

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Date

If under age of 18, please ensure Parent/Guardian Signature Is above