



Art Therapy Workshop Registration Form

Surname: _____ Given : _____ Middle : _____

Title: _____ Date of Birth: ____ / ____ / ____ Sex: Female / Male

Address: _____

Postcode: _____ NRIC / FIN / Passport #: _____

Parent/Guardion's Name _____

Home ph: _____ Hand ph: _____ Email: _____

Dates:

6th, 13th, and 20th of September 2010

Time: **Mondays at 10:00am-12:00am**

Fees due: **S\$ 300 Inc. GST**

Payment details: _____

Terms and conditions:

- Fees must be paid in full at the time of registration.
- No refunds will be offered for non-attendance.

I accept the terms and conditions above.

Signature