

## ENRICHMENT CENTER

A program of the Merced County Arts Council  
645 W. Main St., Merced, CA 95340 (209) 388-1162 ECArtists@yahoo.com

### Registration Form

#### Paint-Your-Own Pottery Workshop

For which workshop are you registering? (check one and enter the corresponding fee)

Workshop	Fee
<input type="checkbox"/> Thursday, April 25, 2013 6-8pm (individual)	\$10/\$9 member \$_____
<input type="checkbox"/> Saturday, April 27, 2013 12-2pm (individual)	\$10/\$9 member \$_____

If you are registering a table of 8 to save 20%, check here:

*We must have all 8 registration forms and payment before the discount will be applied.*

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Method of Payment (check one):  cash  check (Make checks payable to **MCAC**)  
 visa/mastercard (complete section below)

Card#: \_\_\_\_\_ Expiration: \_\_\_\_\_

Type (check one):  Visa  Mastercard

I, THE UNDERSIGNED (PARTICIPANT/PARENT/GUARDIAN), DO HEREBY AGREE THAT THE INDIVIDUAL NAMED HEREIN WILL PARTICIPATE IN THE AFOREMENTIONED ACTIVITY AND I FURTHER AGREE TO INDEMNIFY AND HOLD THE CITY OF MERCED AND THE MERCED COUNTY ARTS COUNCIL, INC. HARMLESS FROM AND AGAINST ANY AND ALL LIABILITY FOR ANY INJURY WHICH MAY BE SUFFERED BY THE AFOREMENTIONED INDIVIDUAL ARISING OUT OF OR IN ANY WAY CONNECTED WITH PARTICIPATION IN THIS ACTIVITY. I AGREE THAT PHOTOS TAKEN BY THE MERCED COUNTY ARTS COUNCIL, INC. DURING THIS PROGRAM MAY BE USED TO PROMOTE FUTURE PROGRAMS AND ARTS COUNCIL ACTIVITIES. I UNDERSTAND THAT NO REFUNDS WILL BE GIVEN UNLESS THE WORKSHOP IS CANCELLED.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I AM THE (check one):  PARTICIPANT  PARENT  GUARDIAN

For more information, contact Program Director Shannon Essig at (209) 388-1162 or  
[ECArtists@yahoo.com](mailto:ECArtists@yahoo.com), or visit us online:

[www.ECArtists.com](http://www.ECArtists.com) (Enrichment Center) [www.artsmered.org](http://www.artsmered.org) (Merced County Arts Council)