|  |  |
| --- | --- |
|  | Art by Lyndell |

# Workshop/ Class

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name |  |  |  | Age if under 18: |  |
|  | Title | First Surname |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Town |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Class/ workshop date: |  | Title of class.: |  | Cost | £ |

|  |  |
| --- | --- |
| Artistic level, i.e. beginners, improver, type of media familiar with |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | |  |  |
| Have you ever completed an art workshop before | YES | NO |  |  | | |

|  |  |
| --- | --- |
| Please explain what you liked/disliked |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact you for future promotions and workshops | YES | NO |  |
|  |  |  |  |
| Email, text or phone call preferred? |  |  |  |

Special requirements, dietary requests, concerns? Are you left handed? Y N

|  |
| --- |
|  |

## Signature

|  |  |  |  |
| --- | --- | --- | --- |
| Artist or parent/ guardian if under 18 | x | Date: |  |

Art by Lyndell

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