ST. SIMONS TEAM REGISTRATION FORM /WORKSHEET (March 30-April 2, 2023)

DEADLINE TO REGISTER \_February 15, 2023\_\_\_\_\_

Partial Deposits Accepted - Bala	nce Due by 2/28	/23	
NAME			
ADDRESS			
CITY	STATE	ZIP	
EMAIL		PHONE	

## **CLASS CHOICES AND CLASS TIMES**

#### THURSDAY NIGHT :

I will be a vendor - need a table. Everyone is welcome to bring their own wares to sell. Items can be art related or not. This is your event

------ I would like to teach a Make it Take it / Demo

4:00 Vendors may set up

## 6:30 Vendor and Teacher Registration begins in Nalls Hall - NOTE CHANGE OF TIME ! 6:45 Open Registration begins in Nalls Hall - NOTE CHANGE OF TIME !

7:30 -10:00 MEET AND GREET MINGLE, VENDOR NIGHT, MAKE IT TAKE ITS.

#### FRIDAY CLASSES:

	8:00 am-5:30 pm	Linda O'Connell	Lovely Oxalis	Acrylic
	8:00 am-12:00 pm	Ann Owens	3 French Watercolors	Watercolor
	8:00 am-12:00 pm	Kathie Camara	Smug Kitty	Fused Glass
	1:30 pm -5:30 pm	Kathie Camara	Sea Horse	Fused Glass
	1:30 pm -5:30 pm	Maria Barry	Ghost Flowers	Alcohol Inks
	7:00 pm –10:00 pm	Tina Carchia	Coffee Time	Coffee
	7:00 pm -10:00 pm.	Cindy Makowski	Rocky Raccoon	Scratchbord
SATU	RDAY CLASSES:			
	8:00 am -5:30pm	Julie Green	Sea Turtle	Mosaics
	8:00 am -12:00pm	Linda O'Connell	White Lily	Acrylic
<u> </u>	_ 8:00 am- 12:30 pm	Tina Carchia	Butterfly Music	Acrylic
	_ 1:30 pm -5:30 pm	Cindy Makowski	Tennessee Mill	Scratchbord
	1:30 pm -5:30 pm	Judy Nicewicz	My Happy Place	AcrylicFriday - Ann Owens

\*\*\*\*\*\*\*\*\* SATURDAY MEETING NIGHT\*\*\*\*\*

7:00 - Officers and Planning Committee (Note this is a change per member suggestion and request)

7:30 - All Attendees - Short Meeting for Voting, Art Wall Winners, Costume Contest and member business then Fun Activities

#### SUNDAY CLASSES

	8:00 am-12:00 pm	Cindy Makowski	Manatees	Acrylic
	8:00 am -12:00 pm	Judy Nicewicz	Sandpipers on Beach	Acrylic
	1:30 pm - 5:30pm	Maria Barry	Cardinals	Alcohol Inks
<u> </u>	1:30 pm -5:30 pm	Tina Carchia	Peacock	Watercolor

NOTE: CHANGES TO CLASS SCHEDULE CAN BE MADE ANYTIME UNTIL 30 DAYS BEFORE THE EVENT WITHOUT PENALTY (February 28th- Penalty begins on March 1st)). SHOULD YOU CHOSE TO **DROP** A CLASS WITHIN 30 DAYS THERE WILL NOT BE A REFUND OF THAT CLASS FEE. THE FEE WILL GO TO THE TEACHER AS THIS IS WITHIN THEIR PLANNING WINDOW AND MAY HAVE PREVENTED SOMEONE ELSE FROM TAKING THEIR CLASS. YOU WILL BE ABLE TO PICK UP YOUR SURFACE AND PACKET AT THE EVENT. IF YOU WISH TO TAKE A DIFFERENT CLASS, YOU MAY DO SO BY PAYING THE ADDITIONAL CLASS FEE. **AS ALWAYS YOU MAY ADD AS MANY CLASSES AS YOU WISH AT ANY TIME UNTIL CLASSES ARE FULL.** 

# ACCOMODATIONS:

RATES FOR BOTH PRIVATE AND SHARED ROOMS INCLUDE 3 MEALS PER DAY ALL TAXES INCLUDED.

\*\*\*\*\* ROOM RATE LISTED IN WORKSHEET IS PER PERSON BASED ON THE # OF PEOPLE IN THE ROOM. YOU EACH PAY THIS RATE. \*\*\*\*\*\*\*

I PLAN TO STAY THESE NIGHTS- THURS MAR 30 FRI MARCH 31 SAT APRIL 1 SUN APRIL 2

I WILL BE ROOMING WITH \_\_\_\_\_\_

I NEED A ROOMMATE Y\_\_\_\_\_ N\_\_\_\_\_ I WANT A ROOM WITH 2 3 4 IN A ROOM.(CIRCLE YOUR CHOICE)

\*\*\*Trip and Quad rates will be available subject to participation and availability. Please plan on single rate until roommates are confirmed. I UNDERSTAND THAT THERE IS NO GUARANTEE THAT I WILL BE ABLE TO GET A ROOMMATE OR THE NUMBER OF PEOPLE REQUESTED. I ACCEPT RESPONSIBILITY FOR THE DIFFERENCE. \_\_\_\_\_\_ INITIAL HERE PLEASE

You can deposit double, trip or quad rate but be prepared for a balance due if no roommate is available.

Effective in 2022 - Updated Hotel and TEAM/ Art Teachers Inc Cancellation Policy:

If you need to cancel for any reason prior to February 25th there will not be a Hotel or TEAM Cancellation Fee. We need time to receive and process request prior to February 28th.

If you cancel ON the following dates, the fees are as follows:

March 1st - March 9th \$40 Hotel cancellation Fee, \$10 per class Fee which goes to the instructor for time and expense (you DO NOT receive supplies), \$10 TEAM Admin Fee.

March 10th-March 16th: 1 Night Hotel Fee, \$10 per class Fee which goes to the instructor for time and expense (you DO NOT receive supplies), \$10 TEAM Admin Fee.

March 17: Entire Hotel Booking Fee, \$10 per class Fee which goes to the instructor for time and expense (you DO NOT receive supplies), \$10 TEAM Admin Fee.

Please Initial here that you have read the above Statement :

# **REGISTRATION FEES:**

As a TEAM member there is a discount for registration. You may join at the same time as registering by paying the \$25 dues membership with your registration at the beginning of the form.

# **CLASS MATERIALS FEE**

THE FEE FOR EACH CLASS TAKEN COVERS YOUR PAINTS, SURFACE & LESSON PACKETS.

#EXTRA PACKETS- -TEAM NO LONGER TAKES ORDERS FOR EXTRA PACKETS FOR CLASSES NOT TAKEN. PLEASE REACH OUT TO TEACHER DIRECTLY AND PICK UP AT ST. SIMONS. A TEACHER EMAIL LIST WILL BE PROVIDED

IF YOU ARE NOT STAYING AT THE EPWORTH HOTEL BUT WILL BE JOINING US FOR MEALS THIS MUST BE PAID IN ADVANCE. MEALS ARE INCLUDED IN THE HOTEL FEE FOR THOSE STAYING AT THE HOTEL.

## DUES:

WE ENCOURAGE ALL WHO ATTEND TO BECOME MEMBERS AND TAKE CLASSES, AS IT WILL SAVE YOU MONEY

If you are a first-time attendee who referred you
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If you have not attended in the last 3 years has someone convinced you to come back? If so who?

To Register: Send Registration Form and Check or Money Order PAYABLE TO Art Teachers Inc by 2/15/23 to:

## **ART TEACHERS, INC Diane Foreman** 23 Lancelot Dr Palm Coast, Florida 32137

Email contact info about this event: Diane Foreman: TreasurerofTEAM@gmail.com Cindy Makowski: TeamSEinformation@yahoo.com

#### TEACHERS EMAIL ADDRESS:m

Judy Nicewicz - nicewicz1436@comcast.net Cindy Makowski - cindysbrushsttokes@gmail.com Tina Carchia - tincar66@yahoo.com Maria Barry - maria-barry@hotmail.com Kathie Camara - butterflykissesstudio@yahoo.com

**REQUIRED WAIVER: I hereby agree that EPWORTH BY THE SEA OR ART TEACHERS, INC OR** AFFILIATE, officers, are not liable for losses, damages, expenses, suits, judgments, council fees and cost for any claim brought by any person arising out of or related to the event MARCH 30-APRIL 3, 2023 at Epworth By The Sea or participation in its programs.

Signed Date

IN CASE OF EMERGENCY MY CONTACT PERSON IS :\_\_\_\_\_

phone and or email:

DO YOU HAVE ANY SPECIAL REQUIREMENTS SUCH AS: HANDICAP ROOM, FIRST FLOOR ONLY, DIETARY RESTRICTIONS ? WE WILL DO OUR BEST TO REQUEST ACCOMMODATIONS.

If you would like to participate in having your Birthday Recognized in the newsletter, please provide the following:

Birthday: Month and Day \_\_\_\_\_

**Optional:** 

While there is an emergency contact person listed above, many times we list someone who is with us at the SS event. As a valued TEAM member we sometimes have had a need to reach out to you or an emergency contact person in the event that we have been unable to reach you. Is there someone we should reach out to during the year if there is any concern for you? (example may be after a hurricane and we want to be sure you are ok...or we are concerned that you have fallen and can't get up ! ..)

\_\_\_\_ contact person and relationship in case

of emergency or concern

## WE NOW HAVE THE ABILITY TO ACCEPT PAYPAL OR CREDIT CARD !

Please use the worksheet below to complete the registration purchase. If paying by credit card or PayPal go to "SHOP" and purchase each item from the worksheet including your annual dues, hotel, classes, etc. If you prefer to pay by check or installment payments please print the worksheet and forward by snail mail to Diane. Checks are now payable to Art Teacher, Inc.

# **Registration Worksheet:**

## **COVID 19 ASSUMPTION OF RISK**

Any Person entering the premises waives all civil liability against this premises owner and operator for any injuries caused by the inherent risk associated with contracting COVID-19 at public gatherings, except for gross negligence, willful and wanton misconduct, reckless infliction of harm, or intentional infliction of harm, by the individual or entity of the premises.

### DUES:

DUES FOR 2023 ARE \$25 (IF NOT ALREADY PAID)

I HAVE ALREADY PAID MY 2023 DUES

WE ENCOURAGE ALL WHO ATTEND TO BECOME MEMBERS AND TAKE CLASSES, AS IT WILL SAVE YOU MONEY

### Hotel:

A. # of Nights you are Staying \_\_\_\_\_

B. I will be in a room with. (circle the amount)

Just Myself (One person Room) One other Person. (2 person Room). 2 Other People. (3 Person Room). 3 Other People. (4 Person Room). \$182 per night\$125. Per person per night\$101. Per person per night\$ 94. Per person per night.

Hotel Amount due: A x B

\_\_\_\_\_. Check here if you are not staying at the hotel. There is a \$10 per day admittance fee charged by Epworth for those not staying at the facility. # of days attending \_\_\_\_\_ X. \$10

Are you attending solely to take the classes with the guest Artist? IF YES complete this section. If No - You are taking other classes - skip to the next section.

Guest Artist only Classes - Registration 1 Day - \$40 2 Day - \$80

1 Class - \$60 2 Classes - \$120.

Total

# **TEAM Member Class Registration:**

I will be attending classes on: 1 Day - \$35 2 Days - \$70 3 Days - \$90	
#of classes with Linda O'Connell X. \$35.	
#of classes other than Linda x \$25.	
NON - Team Member Class Registration	
I will be attending classes on: 1 Day - \$40 2 Days - \$80 3 Days - \$115	
#of classes with Linda O'Connell X. \$60.	
#of classes other than Linda x \$30.	
IF YOU ARE NOT STAYING AT THE HOTEL OR HAVE A GUEST JOINING YO FOR THE DAILY MEALS. (REMINDER YOUR HOTEL RATE INCLUDES YOU daytime guests not staying at the hotel.	
Lunch\$18 x number of days	
Dinner\$21 x number of days	
Total	
EVENT TOTAL: (This includes: Accommodations, instructors cost, n needed)	naterials costs, and dues as
PLEASE ADD ALL YELLOW TOTALS	
(INCLUDE EXTRA MEALS IF NEEDED)	
******* IF THERE ARE ANY ISSUES WITH THE NEW WEBSITE AND F	

THE TOTAL. THERE WILL NOT BE AN ITEMIZED LIST OTHER THAN YOUR WORKSHEET. \*\*\*\*\*\*

PLEASE INVOICE ME
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# St. Simons' Medical Form

If you plan to attend the upcoming SE Regional meeting of Art Teachers Inc in March/April, at St. Simons,

please fill out this for	rm and return	n with your regis	tration form and payment:
Name:			
City, State and zip			
<b>Medical Form</b>			
Blood type and /or N	Iedic Alert		
Alergies/medications	<u> </u>	·····	
Physicians Name & 7	Felephone Nu	mber	
Any other special ins	structions		
In case of emergency	please conta	ct:	
Name			
Address			
City/State/Zip			
Telephone #			
I hereby release Art personal problems w			ficers from any liability in any injury or eeting or event.
Signed this day	_Month	Year	
Signature			Date