

**ST. SIMONS TEAM REGISTRATION FORM AND WORKSHEET** (April 4 - April 7, 2024)

DEADLINE TO REGISTER \_February 15, 2024\_\_\_\_\_

Partial Deposits Accepted - Balance Due by 2/17/24

Send Form Via mail - Do not register online if making payments

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

**CLASS LINE UP:**

**FRIDAY CLASSES:**

_____	8:00 am-12:00 pm	Judy Nicewicz	F1 - Oranges	Acrylic / Enamels
_____	8:00 am-12:00 pm	Maria Barry	F3 - Dance of the Butterflies	Watercolor
_____	8:00 am-12:00 pm	Kathie Camara	F5 - 2 Sun Catchers	Fused Glass
_____	1:30 pm -5:30 pm	Tina Carchia	F10- Peony	Pen & Ink / Watercolor
_____	1:30 pm -5:30 pm	Cindy Makowski	F13- A Mother's Love	Scratchbord
_____	7:00 pm -10:00 pm	Stephanie Robinson	F14- Fiona Foxtail	Acrylic / Color Pencil

\*\*\*\*\* TIRED OF PAINTING BUT WANT TO CONTINUE THE FUN? BINGO IN NALLS AT 7:30-9:30\*\*\*\*\*

**SATURDAY CLASSES:**

_____	8:00 am-12:00 pm	Tina Carchia	S17 - Sandpipers	Pen & Ink/ Watercolor
_____	8:00 am-12:00 pm	Kathie Camara	S18 - St. Simons Early Morning Light	Acrylic
_____	8:00 am -5:30pm	Julie Green	S22 - Hummingbird	Mosaics
_____	1:30 pm -5:30 pm	Maria Barry	S26- Exotic Turtle	Watercolor
_____	1:30 pm -5:30 pm	Stephanie Robinson	S27 - Twiga Giraffe	Acrylic / Color Pencil

\*\*\*\*\* SATURDAY MEETING AND FUN NIGHT\*\*\*\*\*

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

## SUNDAY CLASSES

_____	8:00 am-12:00 pm	Maria Barry	SN30- For the Love of Peacocks	Alcohol Inks
_____	8:00 am-12:00 pm	Judy Nicewicz	SN32- White Roses	Acrylic
_____	8:00 am- 11:00 pm	Cindy Makowski	SN35- Penguins (3 hours)	Acrylic
_____	1:30 pm -4:30 pm	Tina Carchia	SN37- Flamingo Dance	Acrylic
_____	1:30 pm -4:30 pm	Stephanie Robinson	SN38- Fern & Flutter	Acrylic / Color Pencil
_____	1:30 pm -4:30 pm	Lori Puszakowski Schmidt	SN40- Ocean By Me	Acrylic
_____	1:30 pm -4:30 pm	Cathy Baldwin and Lindsey Osier	SN41- Faith Hope Love	Acrylic

\*\*\*\*\* FUN NIGHT ACTIVITIES 7:00\*\*\*\*\*

**NOTE: CHANGES TO CLASS SCHEDULE CAN BE MADE ANYTIME UNTIL 34 DAYS BEFORE THE EVENT WITHOUT PENALTY ( February 28th- Penalty begins on March 1st) . SHOULD YOU CHOSE TO **DROP** A CLASS WITHIN 34 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.****

## REGISTRATION AND CLASS FEES:

YOU MAY REGISTER FOR 1, 2 OR ALL 3 DAYS. DAY REGISTRATION IS \$35. IF YOU REGISTER FOR ALL 3 DAYS IT IS DISCOUNTED TO \$90.

THE FEE FOR EACH CLASS TAKEN COVERS YOUR PAINTS, SURFACE & LESSON PACKETS. You will need to supply your own brushes, paper towels, water bin, cleaning materials, etc.

## MEMBERSHIP:

**MEMBERSHIP IS NOT REQUIRED TO ATTEND THE T.E.A.M. EVENT.** WE DO ENCOURAGE ALL WHO ATTEND TO BECOME MEMBERS OF TEAM AND TAKE ADVANTAGE OF THE ADDITIONAL BENEFITS MEMBERS RECEIVE. YOU WILL RECEIVE A 1 WEEK HEAD START NOTIFICATION OF CLASS REGISTRATION, 8 FREE RAFFLE TICKETS FOR THE SATURDAY NIGHT EVENT, AND ACCESS TO THE MEMBER'S ONLY ONLINE FREE PAINTING PACKETS. PLUS MONTHLY NEWSLETTERS WITH UDATES AND HELPFUL HINTS.

MEMBERSHIP IS \$25 PER YEAR AND RUNS JANUARY TO DECEMBER.

## 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. \*\*\*\*\* NON PAINTING SPOUSE OR GUEST MUST PAY THE ROOM RATE. THEY DO NOT HAVE TO PAY THE REGISTRATION FEE, HOWEVER MAY ATTEND THE FUN NIGHT ACTIVITIES WITHOUT REGISTERING.

**YOU ARE NOT REQUIRED TO STAY ON SITE. THE HOTELS ARE VERY CLEAN AND SPACIOUS ROOMS WITH RECENT REMODEL. WE HANDLE THE ONSITE RESERVATIONS FOR YOU. IF STAYING OFFSITE YOU HANDLE YOUR OWN RESERVATION.**

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 :** \_\_\_\_\_

PLAN TO STAY THESE NIGHTS- THUR APR 4 \_\_\_\_\_ FRI APR 5 \_\_\_\_\_ SAT APR 6 \_\_\_\_\_ SUN APR 7 \_\_\_\_\_

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

**We have 2 hotels - they are right next to each other on the property, the Robertson Inn is directly across from our teaching facility and the Pitts/Booth is one building further away. Please advise your first choice:**

**Hotel: Robertson Inn (Across the driveway)**

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

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

Just Myself ( One person Room)	\$192 per night
One other Person. (2 person Room).	\$135. Per person per night
2 Other People. (3 Person Room).	\$110. Per person per night
3 Other People. (4 Person Room).	\$100. Per person per night.

Hotel Amount due: A x B \* \_\_\_\_\_  
transfer total to worksheet

**OR**

**Hotel: Pitts / Booth ( next building down)**

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

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

Just Myself ( One person Room)	\$180 per night
One other Person. (2 person Room).	\$126. Per person per night
2 Other People. (3 Person Room).	\$103. Per person per night
3 Other People. (4 Person Room).	\$ 96. Per person per night.

Hotel Amount due: A x B \* \_\_\_\_\_  
transfer total to worksheet

\_\_\_\_\_. Check here if you are not staying at the hotel. There is a \$11 per day admittance fee charged by Epworth for those not staying at the facility.

# of days attending \_\_\_\_\_ X. \$11 \*\* \_\_\_\_\_  
if applicable transfer total to worksheet

**IF YOU ARE NOT STAYING AT THE HOTEL OR HAVE A GUEST STOPPING IN FOR THE DAY, THE FOLLOWING RATES APPLY FOR THE DAILY MEALS. (REMINDER YOUR HOTEL RATE INCLUDES YOUR MEALS). These rates only apply to daytime guests not staying at the hotel.**

Lunch \_\_\_\_\_ \$20 x \_\_\_\_\_ number of days \_\_\_\_\_

Dinner \_\_\_\_\_ \$25 x \_\_\_\_\_ number of days \_\_\_\_\_

MEAL Total

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transfer total to worksheet

# Registration Worksheet:

## MEMBERSHIP: (Optional)

MEMBERSHIP FOR 2024 IS \$25 (IF NOT ALREADY PAID)

I HAVE ALREADY PAID MY 2024 MEMBERSHIP \_\_\_\_\_

WE ENCOURAGE ALL WHO ATTEND TO BECOME MEMBERS AND TAKE ADVANTAGE OF THE PERKS OFFERED.

## Class Registration:

I will be attending classes on:

1 Day - \$35

2 Days - \$70

3 Days - \$90      Early Registration by 2/15/2024

Registration effective 2/16/2024 will be \$35 per day

CLASS ATTENDING	\$ OF CLASS
# F25      class name	\$ 52 - example
# _____	\$ _____
# _____	\$ _____
# _____	\$ _____
# _____	\$ _____
# _____	\$ _____
# _____	\$ _____

TOTAL FOR CLASSES

\*Hotel total from above

\*\*Entrance Fee from above

\*\*\*Daily Meals from above

EVENT TOTAL: (This includes: Accommodations, daily entrance fee if applicable, meals if applicable, classes, registration and optional membership)

PLEASE ADD ALL YELLOW TOTALS.

\*\*\*\*\* IF THERE ARE ANY ISSUES WITH THE NEW WEBSITE AND REGISTERING ONLINE AND YOU WOULD LIKE TO PAY BY PAYPAL PLEASE INDICATE HERE AND WE WILL INVOICE YOU FOR THE TOTAL. THERE WILL NOT BE AN ITEMIZED LIST OTHER THAN YOUR WORKSHEET. \*\*\*\*\*

PLEASE INVOICE ME

If you are a first-time attendee who referred you? \_\_\_\_\_

If you have not attended in the last 3 years has someone convinced you to come back? If so who?

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**To Register: 2 Ways to Register - Pay in Full with Credit card or Pay Pal - online at [www.artteachers.org](http://www.artteachers.org) - go to the SHOP and purchase all items from the registration form - this includes classes, hotel or meals if you are not staying at the hotel, optional membership, etc.**

**You may make partial payments by check via mail. If paying by check in full or in installment payments, DO NOT attempt to register online mail us the worksheet and registration forms.**

**Send Registration and Worksheet Form with Check or Money Order PAYABLE TO **Art Teachers Inc** by \_\_\_2/17/24\_\_\_\_\_ to:**

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

**Email contact info about this event: Diane Foreman: [TreasurerofTEAM@gmail.com](mailto:TreasurerofTEAM@gmail.com)**

**Cindy Makowski: [TeamSEinformation@yahoo.com](mailto:TeamSEinformation@yahoo.com)**

**Phone contact : Diane Foreman : 904-814-0806**

**Cindy Makowski: 904-834-9571**

#### **TEACHERS EMAIL ADDRESS**

Judy Nicewicz - [nicewiczj@gmail.com](mailto:nicewiczj@gmail.com)

Cindy Makowski - [cindysbrushstrokes@gmail.com](mailto:cindysbrushstrokes@gmail.com)

Tina Carchia - [tincar66@yahoo.com](mailto:tincar66@yahoo.com)

Maria Barry - [maria-barry@hotmail.com](mailto:maria-barry@hotmail.com)

Kathie Camara - [butterflykissesstudio@yahoo.com](mailto:butterflykissesstudio@yahoo.com)

Stephanie Robinson - [Stephjim34232@msn.com](mailto:Stephjim34232@msn.com)

Lori Puszakowski Schmidt - [secondher@aol.com](mailto:secondher@aol.com)

Julie Green - [julieg71@hotmail.co.uk](mailto:julieg71@hotmail.co.uk)

Cathy Baldwin or Lindsey Osier - [Lindsay.n.osier@live.com](mailto:Lindsay.n.osier@live.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 APRIL 4- APRIL 7, 2024 at Epworth By The Sea or participation in its programs.

**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.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

IN CASE OF EMERGENCY MY CONTACT IF AVAILABLE AT THE EVENT PERSON IS : \_\_\_\_\_

phone and or email: \_\_\_\_\_

OPTIONAL - EMERGENCY CONTACT PERSON NOT AT THE EVENT:

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

## 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 form and return with your registration form and payment:

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

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

City, State and zip \_\_\_\_\_

Medical Form

Blood type and /or Medic Alert \_\_\_\_\_

Allergies/medications \_\_\_\_\_

Physicians Name & Telephone Number \_\_\_\_\_

Special dietary needs \_\_\_\_\_

Any other special instructions \_\_\_\_\_

In case of emergency please contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

I hereby release Art Teachers Inc members and officers from any liability in any injury or  
personal problems while attending the regional meeting or event.

Signed this day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_