Mail or fax this form or register online at www.sitkacenter.org

Name _____

Address _____

City / State / Zip _____

Telephone ( ) _____ ( ) _____
Daytime *Evening*

Email _____

Name and address of participant, if different from above:

Name _____

Address _____

City / State / Zip _____

Telephone ( ) _____ ( ) _____
Daytime *Evening*

Email _____

Is this your first Sitka workshop? ☐ Yes ☐ No

Sitka
CENTER FOR ART AND ECOLOGY

Neskowin Coast Foundation
P.O. Box 65
Otis, Oregon 97368
www.sitkacenter.org

☐ Yes, I want to support Sitka with my tax-deductible membership contribution in the amount of $ _____

(If you take a tuition discount, the tax-deductible amount is your contribution, less the tuition discount amount.)

Code	Instructor	Dates	Student Name	Age *If Youth*	Tuition *Include Discount*	Fee *For Materials*	Total *Tuition+Fee*

If you must cancel your registration, you will receive a full refund less a $25 administrative fee, providing written notice is received 21 calendar days before the workshop is scheduled to begin. There is no refund for cancellations received within 21 calendar days of the start of the workshop. Note: Refunds will be issued by check only.

Total Tuition & Materials Fees $ _____

Membership Contribution $ _____

Total Paid $ _____

Please make your check payable to Sitka Center, or you may pay by Visa or MasterCard.

Card # _____ Exp. Date _____ Signature _____