

TEAM S.E. CONFERENCE ST. SIMONS ISLAND GA MARCH 30 TO APRIL 2, 2017

REGISTRATION FORM

DEADLINE TO REGISTER _February 15, 2017_____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

CLASS CHOICES AND CLASS TIMES

THURSDAY NIGHT:

_____ 7:00-9:00 pm *** TEAM Renaissance Crest****Bonus Painting Project

Must sign up for the class this year. \$10 Fee for pattern packet. Bring your own shirt or other painting surface.

_____ 6:30-10:00 pm MEET AND GREET MINGLE AND VENDOR NIGHT. Everyone is welcome to bring their own wares to sell. Items can be art related or not. This is your event.

FRIDAY CLASSES:

_____ 8:00-11:00 am	Diana Marcinka	Wine and Fruit	Acrylic
_____ 8:00-4:00	Mark Menendez	Iris	Oil
_____ 1:00-4:00 pm	Marjorie Harris Clark	Rose Cards	Acrylic
_____ 7:00-10:00 pm	Cindy Makowski	Noel Snow Globe	Acrylic
_____ 7:00-10:00 pm	Deborah Nees	Spring Towels	Water Color

SATURDAY CLASSES:

_____ 8:00-11:00 am	Mark Menendez	Wolf	Colored Pencils
_____ 8:00-11:00 am	Deborah Nees	Bunny	Water Color
_____ 8:00-11:00	Tina Carchia	Poppies	Ink and Water Color
_____ 1:00-4:00 pm	Cindy Makowski	Aviles St. Café	Acrylic
_____ 1:00-4:00 pm	Judy Nicewicz	Zendoodle Rose	Ink and Acrylic

***** BANQUET NIGHT

SUNDAY CLASSES

_____ 8:00-11:00 am	Tina Carchia	Owl	Ink & Water Color
_____ 8:00-11:00 am	Sylvia Wilinson	Lazy River	Oil
_____ 8:00-4:00	Marjorie Harris Clark	A Tiny Rose Fairy	Acrylic
_____ 1:00-4:00 pm	Faye Dasher	Sun Flower	Acrylic & Modeling Paste
_____ 1:00-4:00 pm	Janice Timmins	Best Frien	Scratch Art Ink

***** FUN NIGHT ACTIVITIES

ACCOMODATIONS:

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

2 PEOPLE PER ROOM PER NIGHT \$90 EACH ----- 1 PERSON PER ROOM PER NIGHT \$128

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

I WILL BE ROOMING WITH _____

I NEED A ROOMMATE Y___ N___

ACCOMMODATIONS # OF NIGHTS _____ AT \$90 OR _____\$128 **TOTAL** _____

REGISTRATION FEES:

TEAM MEMBERS – TUITION - \$30 PER DAY OR \$85 FOR ALL 3 DAYS IF RECEIVED

BY __ 2/15/2017_____ ADD \$5 FOR EACH DAY AFTER 2/15. **TOTAL** _____

GUEST \$40 PER DAY OR \$115 FOR ALL 3 DAYS IF PAID BY 2/15

ADD \$5 FOR EACH DAY AFTER 2/15 **TOTAL** _____

CLASS MATERIALS

\$15 FOR EACH CLASS TAKEN. THIS FEE COVERS YOUR PAINTS, GROUND & LESSON PACKETS.

OF CLASSES _____ x \$15 **TOTAL** _____

EXTRA PACKETS- NAMES OF PAINTINGS_____

_____# OF PACKETS _____X \$10 **TOTAL** _____

DAYTIMER MEALS MUST BE PAID IN ADVANCE

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

Thursday Dinner: ___\$15___\$ Friday Lunch and Dinner: ___\$28___ \$

Saturday Lunch and Banquet: ___\$38___\$ Sunday Lunch: ___\$13___\$

Sunday Dinner: ___\$15___\$ **TOTAL** _____

DUES:

DUES FOR 2017 ARE \$25 (IF NOT ALREADY PAID) **TOTAL** _____

I HAVE ALREADY PAID MY 2017 DUES _____

WE ENCOURAGE ALL WHO ATTEND TO BECOME MEMBERS, AS IT WILL SAVE YOU MONEY AND PAY FOR YOUR BANQUET (\$25) AS WELL.

GRAND TOTAL _____

(This includes: Accommodations, instructors cost, materials costs, and dues as needed)

To Register: Send Registration Form and Check or Money Order by 2/15/17 to:

TEAM ACCOUNT

Diane Foreman

23 Lancelot Dr

Palm Coast, Florida 32137

REQUIRED WAIVER: I hereby agree that EPWORTH BY THE SEA OR TEAM 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 2, 2017 at Epworth By The Sea or participation in its programs.

Signed _____ Date _____

St. Simons' Medical Form

If you plan to attend the upcoming SE Regional meeting of TEAM in March, 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 TEAM SE Regional 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 _____