

ST. SIMONS TEAM REGISTRATION FORM (April 5-8, 2018)

EXTENDED DEADLINE TO REGISTER _March 1, 2018 !!!_____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

CLASS CHOICES AND CLASS TIMES

THURSDAY NIGHT

_____ 6:30-10:00 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.

THURSDAY NIGHT CLASS:

_____ 7:00-9:00 pm Judy Nicewicz – Whoooo's Cookin' – Fabric Class (New for 2018 – This will be a regular class event – 2 hours – pattern and all materials supplied.)

FRIDAY CLASSES:

_____ 8:00-5:30 pm	Sandy McTier	Tuscan Suns	W Oil
_____ 8:00-12:00 pm	Mara Trumbo	African Safari	Acrylic
_____ 1:30-10:00 pm	Georgann Self	Rooster Tea Pot	Acrylic
_____ 7:00–10:00 pm	Tina Carchia	Autumn Birds	Water Color / Ink
_____ 7:00-10:00 pm	Cindy Makowski	Viva Las Vegas	Acrylic

SATURDAY CLASSES:

_____ 8:00-5:30pm	Janice Timmons	Melodey	Acrylic
_____ 8:00-12:00 pm	Cindy Makowski	Manatee Hello	Acrylic
_____ 8:00-12:00 pm	Sandy O'Dell	Hydrangea Love Story	Acrylic / W Oil
_____ 1:30-5:30 pm	Sandy McTier	Live Every Moment	Acrylic Multi Media
_____ 1:30-5:30 pm	Terri Clements	Tie A Yellow Ribbon	Acrylic

***** MEETING NIGHT***** 7:00 Nalls Hall in costume

SUNDAY CLASSES

_____ 8:00-5:30 pm	Terri Clements	Cocky Fellow	Acrylic
_____ 8:00-12:00 pm	Georgann Self	Floral Box	Acrylic
_____ 8:00-12:00 pm	Judy Nicewicz	Florida Sunset	Enamel Glass
_____ 1:30-5:30 pm	Janice Timmons	Dreaming	Acrylic
_____ 1:30-5:30 pm	Tina Carchia	Flamingos	Watercolor / Ink/ Texture

SUNDAY EVENING*** FUN NIGHT ACTIVITIES 7:00*******

ACCOMODATIONS:

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

2 PEOPLE PER ROOM PER NIGHT \$105 EACH ---- 1 PERSON PER ROOM PER NIGHT \$155

3 PEOPLE PER ROOM PER NIGHT ***\$84 EACH ---- 4 PEOPLE PER ROOM PER NIGHT ***\$80 EACH

I PLAN TO STAY THESE NIGHTS- THURS APRIL 5___ FRI APRIL 6___ SAT APRIL7___ SUN APRIL 8___

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 double 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

ACCOMMODATIONS # OF NIGHTS _____ AT \$80 OR \$84 OR \$105 OR \$155 **TOTAL** _____

Please circle \$ amount

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

REGISTRATION FEES:

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

BY ___ 2/15/2018_____ 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

\$20 FOR EACH CLASS TAKEN. THIS FEE COVERS YOUR PAINTS, GROUND & LESSON PACKETS.

OF CLASSES _____ x \$20 **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 THIS MUST BE PAID IN ADVANCE. MEALS ARE INCLUDED IN THE HOTEL FEE FOR THOSE STAYING AT THE HOTEL.

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

Saturday Lunch and Dinner: ___\$28___ \$ Sunday Lunch: ___\$13___ \$

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

DUES:

DUES FOR 2018 ARE \$25 (IF NOT ALREADY PAID) **TOTAL** _____

I HAVE ALREADY PAID MY 2018 DUES _____

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

GRAND TOTAL_____

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?

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

To Register: Send Registration Form and Check or Money Order by __2/15/18_____ 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 April 5-8, 2018 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 _____