

Berry Hill Gardens Workshops Enrollment Form

Please print this form, fill it out and mail or fax to:

Berry Hill Gardens Art Workshops
242 Ward Loomis Road
Bainbridge, NY 13733
FAX: 1-607-967-2227

NAME (Mr., Mrs., Ms.) _____

Nickname _____

Address _____

City _____ State _____ Zip _____

Phone Home (_____) _____ Cell (_____) _____

Email Address _____@_____

Workshop/Artist Name _____

Arrival Date ____/____/____ Departure Date ____/____/____

Double Occupancy, I will be sharing with:

Check if non-student or fellow student

Single Occupancy (No roommate)

Day Student (Lodging not included)

ENCLOSED IS MY CHECK/MONEY ORDER FOR \$_____ (Please multiply the stated deposit amount by the number of people in your group)

Signature _____

Date _____

Enrollment in a workshop indicates that you have read and understand the terms of enrollment.