



REGISTRATION FORM

First Name _____

Last Name _____

Address

Street _____

City _____

Province/State _____

Country _____

Postal/Zip Code _____

Telephone

Home _____

Work _____

Cell _____

E-mail _____

Session Date _____

Alternate Date _____

Food Allergies

Waiver of Liability

I have read and accept the information and policies outlined in the More section of this website. I understand that I will participate in the program at my own risk and hereby release Stephen Zeifman, Sarah Agnew, Mill Road Studio and all instructors from any and all actions, claims, demands for damages, loss or injury howsoever arising which may hereafter be sustained in consequence of my participation in the program activities.

Signed

Date

Please return completed registration form with deposit to:

Mill Road Studio
P.O. Box 14
Port Rexton, NL
Canada
A0C 2H0

Cheques are payable to "Stephen Zeifman" or "Sarah Agnew".