

**Local Colour Art Group
Workshop Registration Form**

Name: _____

E-Mail: _____

Telephone #: _____

Workshops Selected	Date	Fees
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
Total fees		_____

******Please make cheques payable to Local Colour Art Group******

**Please complete this form and mail it to the address below being sure to enclose a
cheque for your total workshop fee.**

**LCAG Workshops
c/o Pat Findlay
549 Marsden St
Winnipeg, MB R2K 2Z7**