

# Art Guild of Hope Creations

## REGISTRATION FORM

Please print, complete and mail form with registration fee and mark which events you plan on attending

Events Dates	# Attending	Cost/each	Total
_____	_____	\$35.00 per person	_____
_____	_____	\$35.00 per person	_____
_____	_____	\$35.00 per person	_____

Amount Enclosed: \$ \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Photographs may be taken during the Art Guild of Hope fund raising events by staff members and volunteers. Participation in the Event gives implied consent that photographs in which you and/or your artwork appear may be used for promotional purposes, whether in print or online.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
If under age 18, signature of parent/legal guardian

Make Check Payable To: Art Guild of Hope

Mail To: Art Guild of Hope  
PO Box 155  
Hope, IN 47246

**Information:**  
Art Guild of Hope  
[www.hopeartguild.com](http://www.hopeartguild.com)  
812-764-6417