



FIGURE DRAWING/PAINTING

WORKSHOPS

PERSONAL INFORMATION

Last name _____ First Name _____ DOB ___/___/___

Address _____

City _____ State _____ Zip _____

Cell Phone (____) ____ - _____ Home Phone (____) ____ - _____

E-mail _____

High School _____ Grad Year _____

:: For students who are under the age of 18 ::

My son/daughter has my permission to attend the Saturday Portfolio Development Program. Students under the age of 18 must have a parent/legal guardian signature in regards to drawing the undraped model.

Parent Signature (Legal Guardian) Date _____

:: BRING THIS FORM WITH YOU TO CLASS AND GIVE IT TO YOUR INSTRUCTOR! ::