

## FIGURE DRAWING/PAINTING WORKSHOP

## **Personal Information**

Last Name		First Name		
Date of Birth	E-Mail			
O. II Diversi			Dhama	
Cell Phone		ноте	Home Phone	
		`		
Address				
Address			High School	
014				Graduation Year
City				
State	ZIP			
age of 18	has my permission to at must have a parent/lega <b>Bring this form with</b>	l guardian signature in re	egards to drawing the ur	ndraped model.
	bring this form with	i you to the class a	give to your mstru	ictoi