

Celebrating  
21 Years!

# 2012 School Workshop Registration Form Children's Celebration of the Arts



**Form(s) must be received by February 10, 2012**

*If more than one teacher in your school selects one specific workshop, please try to schedule both on the same day!*

**EACH WORKSHOP RUNS FROM ONE HOUR TO ONE HOUR FIFTEEN MINUTES**

Any questions, please phone 654-7552 or e-mail [kdipping@cityofventura.net](mailto:kdipping@cityofventura.net)

School \_\_\_\_\_ School Address \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Room # \_\_\_\_\_ fax # \_\_\_\_\_

Confirmation Phone # \_\_\_\_\_ Times available at this number: \_\_\_\_\_ a.m. and/or \_\_\_\_\_ p.m.

Home Phone # \_\_\_\_\_ E-Mail address \_\_\_\_\_

- Workshop Program is available April 9 - June 1, 2012.
- **Double check instructors' availability, workshop grade level and special requests.**
- **Registration** is first-come, first-served and mail-in only. FAX, phone or walk-in registrations will not be accepted.
- **To request a single workshop:** Select your first choice, followed by two alternate choices, should your first choice not be available. Supply preferred and two alternative dates and times for all three choices.
- **To request additional workshops:** Copy this form and submit a separate page for each additional workshop—including two alternate workshops and alternative dates and times for each.
- **ONLY ONE WORKSHOP WILL BE ASSIGNED PER FORM OR PAGE!**
- **Payment:** A \$40 per workshop check, payable to the City of Ventura must be mailed in WITH the registration form. Or enclose the CCA Gift Certificate donated by parents or other individuals or organizations. A confirmation letter will contain your receipt. See mailing address below.
- **Follow-up:** You will receive a confirmation of your workshop(s) by March 15. Artists will call you to reconfirm your workshop(s) no later than two days before your scheduled workshop. **Please call 654-7552 or email [kdipping@cityofventura.net](mailto:kdipping@cityofventura.net) if you have not received your confirmation or call from the artist!**

Required information: State Testing dates for your class (dates & times) \_\_\_\_\_

Your classroom lunch break time: \_\_\_\_\_ to \_\_\_\_\_ Nutrition break time: \_\_\_\_\_ to \_\_\_\_\_ Other: \_\_\_\_\_

Workshop Class Number and Name (Please make sure there are no scheduled assemblies, state testing days, half-days, holidays, field trips or in-service days during your requested workshop time and date!)

**First Choice:** # \_\_\_\_\_ Workshop Name \_\_\_\_\_

Preferred Day \_\_\_\_\_ Time \_\_\_\_\_

Alternative Day \_\_\_\_\_ Time \_\_\_\_\_

Alternative Day \_\_\_\_\_ Time \_\_\_\_\_

**Second Choice:** # \_\_\_\_\_ Workshop Name \_\_\_\_\_

Preferred Day \_\_\_\_\_ Time \_\_\_\_\_

Alternative Day \_\_\_\_\_ Time \_\_\_\_\_

Alternative Day \_\_\_\_\_ Time \_\_\_\_\_

**Third Choice:** # \_\_\_\_\_ Workshop Name \_\_\_\_\_

Preferred Day \_\_\_\_\_ Time \_\_\_\_\_

Alternative Day \_\_\_\_\_ Time \_\_\_\_\_

Alternative Day \_\_\_\_\_ Time \_\_\_\_\_

### Mail Registration Form To:

City of Ventura  
Office of Cultural Affairs  
Attn: Kathryn Dipping-Lawson  
P.O. Box 99, Room 226  
Ventura, CA 93002-0099

**CCA Program and Registration Form  
are also available at  
[www.cityofventura.net/culturalaffairs](http://www.cityofventura.net/culturalaffairs)**

