

Celebrating
26 Years!

2017 School Workshop Registration Form Children's Celebration of the Arts



Form(s) must be received by February 17, 2017

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

School _____ School Address _____

Teacher _____ Grade _____ Room # _____ fax # _____

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

Home/Cell Phone # _____ E-Mail _____

Payment: Gift of Art certificate Check enclosed payable to "City of Ventura - CCA" –OR– pay by Visa MasterCard

CC# _____ Exp. Date _____ 3-digit code _____ Cardholder Name _____

- Workshop Program is available April 10 - June 2, 2017.
- **Double check artists' availability, workshop grade level, special requests and time allowance.**
- **Registration must be accompanied by payment and is first-come, first-served by mail, fax, online or walk in (phone registrations are not accepted).**
- **To request a single workshop:** Select your first choice, followed by two alternate choices, should your first choice not be available. List your 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: Credit card, cash or a \$45 per workshop check, payable to the City of Ventura must be mailed in WITH the registration form.** Or enclose your CCA Gift Certificate if you received one. A confirmation letter will contain your receipt. See mailing address below.
- **Follow-up:** You will receive a confirmation of your workshop(s) by March 17. 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 if you have not received your confirmation or call from the artist!**

Required: Early Dismissal Day date & time _____ Classroom end of day dismissal time: _____

Your classroom lunch break time: _____ to _____ Nutrition break time: _____ to _____ Number of students in class: _____

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 _____

DOWNLOAD form to fill, save & send at www.cityofventura.net/bvc to:

① MAIL with check or CC info to:

Kathryn Dipping-Lawson
P.O. Box 99, Room 226
Ventura, CA 93002-0099

② EMAIL with CC info to:

kdipping@cityofventura.net

③ or FAX to 805.654.7563

④ WALK IN form with payment (only) at

Barranca Vista Center, 7050 Ralston St
Call 805.654.7553 for hours of operation