## SOCIETY OF WEST-COAST ARTISTS Art Workshop REGISTRATION FORM



## Paul Kratter 2-Day Plein Air Painting Workshop

October 28-29, 2023

Intermediate – Advanced Students

The class will focus on doing a sketch at the start, with the emphasis on breaking down the composition into 3-8 graphic shapes using three values & editing out what's not needed.Paul will do a demo explaining my full process from block-in to small nuances at the end. Students will be given individual help & I use a lot of humor to make this a fun experience.

DATES: October 28-29, 2023 Saturday/Sunday 9:00 AM – 4:00 PM

LOCATION: (tentative) San Andreas Lake

**FEES:** \$255 SWA Members \$265 Non-members joining SWA \$280 non-SWA members **REGISTRATION DEADLINE:** Thursday, October 12, 2023

**MATERIALS:** A materials list will be sent to you when available.

**CANCELLATIONS**: Cancellations received at least 30 days prior to workshop start date will be refunded in full. Cancellations received less that 30 days prior to workshop start date cannot be refunded unless a substitute student can be found. The Workshop Organizer may have a waiting list for a substitute. In the event SWA cancels the workshop, registration fees will be refunded in full. **INDEMNITY CLAUSE:** By signing the Registration Form below, I agree to accept full responsibility for any and all injuries, damages, or losses resulting from my voluntary participation in the activities of SWA Art Workshops, and to hold SWA, its licensers, staff, volunteers, and representatives forever harmless from any action, claim, or liability from same.

WORKSHOP ORGANIZER: John Barrows, swagallery@societyofwesternartists.com

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REGISTRATION FORM			
Paul Kratter2 Day Plein Air Painting WorkshopOctober 28-29, 2023Saturday-Sunday9:00 AM – 4:00 PM			
Student Name	Phone	Email	
Address:	City	State	Zip
\$250.00 SWA Members only \$265.00 non-SWA Member joining SWA			
\$280.00 non-SWA Member			
Sign up on-line at www.societyofwest-coastartists.com or pay by check made payable to <u>SOCIETY OF WEST-COAST ARTIST</u> S <b>OF</b> Credit Card (Visa or Mastercard)			
Name on card:	Card #		_ Exp. Date
Card 3 Digit Code Billing Address			
Amount Cardholder Signature			
My signature below confirms my understanding and a	greement with the above Reg	gistration, Indemnity and Can	cellation policies:
Signature	Date		
Mail Registration Form and Payment to: SWA, Attn: John Barrows, 527 San Mateo Avenue, San Bruno, CA 94066			