



THE
SPOTTED TREEHOUSE
ART STUDIO
WORKSHOP BOOKING FORM

Name of Participant: _____

Name of Workshop: _____

Date of Workshop: _____

Any Special Dietary Requirements: _____

Please contact the studio to arrange payment for your course.
Your place will be confirmed upon full payment

For Office Use Only:

Amount Paid (for office use): _____

Tutor advised of booking: _____ yes / no (date: _____)