

...walking in beauty...

Photography with 1 Heart Workshops

Workshop/Tour Registration & Medical Form

Please print this form, complete, and mail with your deposit check or money order, made payable to:

Natural Tapestries, 1208 State Route 18, Aliquippa, PA 15001

Please use a separate form for each workshop you wish to register for.

Registration questions or concerns email: Kris Morgan - Office Email: kris@naturaltapestries.com

I wish to register for _____ Workshop/Tour.

Workshop Dates: _____ Date of Registration: _____

Enclosed is my \$ _____ deposit / balance to hold my place on the roster.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Indicate (circle) if you give permission for us to share your email and state of residence with other workshop participants YES or NO

***** MEDICAL INFORMATION *****

Please describe any medical problems or concerns that we should be aware of:

Please list medications *and dosage* that you are presently taking:

List medications, food, etc., that you are allergic to:

Please list the name, address and phone number(s) of your family physician:

Emergency Contact:

Name: _____ Relationship: _____

Phone (H) _____ (W) _____ (C) _____