



REGISTRATION FORM

Date: _____

Workshop Date: _____

Name: _____

Address: _____ Postcode: _____

Contact No: _____ Email: _____

Concession Card No: _____

I give permission for Mixed Palette Inc. to use photos, video and audio footage of me or my family and artwork produced by myself or my family for Mixed Palette Inc. promotional materials including newsletters, pamphlets and website. *(permission may be completed at the workshop)*

Yes No Signature: _____

Background: Ab./Torr. CALD Other: _____

Age: 18 - 25 26 - 35 36 - 45 46 - 55 56 - 65 65 plus

Would you like to receive emails regarding future workshops? Y N

Fees Payable to:

Name: Mixed Palette Inc. **Bank:** Bendigo Rockingham Branch **BSB:** 633-000 **Account No:** 157511353

***Please include payee name in the description. ***

**We look forward to your
company**

