#### **Registration Of Interest Form**

We are really excited that you are interested joining one of our workshops. By filling in the form below we will be able to get an idea of who you are and can contact you with more news about the workshop, this also gives us an idea of how many people will be attending, particularly if there are only a set number of spaces.

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| --- | --- |
| Name:  |  |
| Date of Birth: |  |
| Contact Address:  |  |
| Postcode:  |  |
| Phone Number:  |  |
| Email: |  |

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| --- |
| Please tell us the name of the workshop you are interested in: |
| Do you consider yourself to have any disabilities? If so, please specify: |
| Do you have any dietary requirements? |

After sending this application, a member of the #artcore team will respond quickly to let you know if your application was successful. Thanks!