



WORKSHOP APPLICATION

APPLICATION REQUIREMENTS. The person signing this application must be the individual that is attending the Workshop(s). You must be 18 years of age or older.

APPLICATION INSTRUCTIONS. Before you fill out this application:

- Call for an appointment to have your questions answered.
- Obtain a Respiratory Medical Release Form
- Decide upon three choices of accommodations you prefer (if requesting Vinyl Craft Inc. to arrange lodging for you).
- Please write clearly.
- Please fill out and answer all questions on this application.

Application WITHOUT lodging arrangements made by Vinyl Craft Inc.
Deadline: Applications must be submitted 20 days before the first day of the workshop.

Application WITH lodging arrangements Made by Vinyl Craft Inc.
Deadline: Applications must be submitted 25 days before the first day of the workshop.

Submit your application to: VINYL CRAFT, INC., P.O. BOX 173, SHERRILLS FORD, NORTH CAROLINA 28673

CONTACT INFORMATION:

Name: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

DESIRED WORKSHOP. Please fill in the following information:

Choice One

Name of Workshop: _____

Location of Workshop: _____

Date of Workshop: _____

Choice Two

Name of Workshop: _____

Location of Workshop: _____

Date of Workshop: _____

If signing up for more than one Workshop (for a **20% discount**), please fill in the following information:

Choice One

Name of Workshop: _____

Location of Workshop: _____

Date of Workshop: _____

Choice Two

Name of Workshop: _____

Location of Workshop: _____

Date of Workshop: _____

LODGING. Please list your preferred lodging preferences:

Choice 1: _____

Choice 2: _____

Choice 3: _____

Any special request(s) (not guaranteed)? _____

INTERESTS. Please share with us what interests you about this workshop(s); what you hope to obtain from its completion; and why you believe this to be a good fit for you:

SPECIAL SKILLS OR QUALIFICATIONS. Summarize special skills, qualifications, and interests you have acquired which you believe will benefit you during this workshop(s), and a career in this industry:

Please check off which learning style(s) work best for you. Please rate them 1-10, with 10 being most beneficial.

- Visual: You prefer using pictures, images, and spatial understanding. Rate: _____
- Oral: You prefer using sound, e.g. to hear the difference a spray gun makes at different levels. Rate: _____
- Verbal: You prefer using words, both speech and writing. Rate: _____
- Physical: You prefer using your body, hands and sense of touch. Rate: _____

Person to notify in case of emergency:

Name: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Are you including a deposit with this application? If so, please fill in the following information:

Amount of deposit: \$ _____ Payment method: _____

Will you be, or have you already applied for financing? _____

For payment instructions and financing information, please see the form enclosed within this packet.

INDEMNIFICATION. You shall indemnify and hold us harmless from and against any and all losses, damages, settlements, liabilities, costs, charges, assessments and expenses, as well as third party claims and causes of action, including, without limitation, attorneys' fees, arising out of any breach by you of any of these Terms of Service, or any use by you of the Service. You shall provide us with such assistance, without charge, as we may request in connection with any such defense, including, without limitation, providing us with such information, documents, records and reasonable access to you, as we deem necessary. You shall not settle any third party claim or waive any defense without our prior written consent.

AGREEMENT AND SIGNATURE. By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted into the Workshop(s), any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (Print) _____

Signature _____ Date _____

OUR POLICY. It is the policy of this company to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in Vinyl Craft, Inc.'s Workshops.