

# Botanical Print Workshop

Registration form

\* Indicates required question

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1. Full Name : \*

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2. Age : \*

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3. Phone Number : \*

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4. Email : \*

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5. City of Residence : \*

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6. Consent : \*

*Check all that apply.*

- ☐ I confirm that the information provided above is correct.
- ☐ I agree to abide by the rules of the CLKA Open Hand Art Studio workshops.