

Hudson River Valley Art Workshops Enrollment Form

Please print this form, fill it out and mail, email or fax to:

Hudson River Valley Art Workshops

info@artworkshops.com

PO Box 659

Greenville, NY 12083

Fax: 1-518-966-8754

NAME (Mr., Mrs., Ms.) **Mr. Sudipta Kumar Ghosh**

Nickname _____

ADDRESS **132/N, Chander Village Road**

City **Kolkata** State **WB** Zip **700082** - _____ Country
India Phone (**+1**) **(510) 973 9458 / +91 9903409868**

Email Address **samriddho5 @ gmail.com**

WORKSHOP/ARTIST **Alvaro Castagnet**

Arrival Date **09/15/24** Departure Date **09/23/24**

☐ DOUBLE OCCUPANCY, I will be sharing with: ☒ **non-student** or ☐ **fellow student**

☐ PLEASE FIND ME A ROOMMATE

I understand if no roommate can be found, I will be enrolled at single rate.

☐ SINGLE OCCUPANCY (No roommate)

☐ DAY STUDENT

AN eINVOICE WILL BE EMAILED TO YOU FOR THE \$425 DEPOSIT (per person)

Your enrollment will be confirmed when payment of the deposit is received.

Dietary restrictions - please list everything you cannot or do not wish to eat:

None

We may not be able to accommodate dietary restrictions if we do not know about them in advance.

Enrollment in a workshop indicates that you have read and understand the terms of enrollment.