



# Center for Metal Arts

PO Box 30 Chester NY 10918 / 845 651-7550 / 651-7857

[www.iceforge.com](http://www.iceforge.com)

## Workshop Registration Form

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Safety Requirements: I am aware of the requirement to wear safety glasses during the class, and the requirement to provide and use adequate hearing loss protection. I accept full responsibility for providing and using adequate safety protection at all times, including fire-retardant clothes and closed-toe shoes. I understand that I will be asked to sign a release and hold harmless agreement upon entry to the course.

Refund Policy: In the event that I am unable to attend the scheduled class, I will receive a refund of my deposit if and only if Center for Metal Arts is able to schedule someone else for my space. All deposits will be fully refunded, at the sole discretion of Center for Metal Arts, in the event the course is canceled.

Signature \_\_\_\_\_ Date \_\_\_\_\_

To register: Mail this form with the required deposit to  
Center for Metal Arts, PO Box 30, Chester NY 10918.