



ART WORKSHOP REQUEST FORM

CLIENT INFORMATION

NAME _____ PHONE _____
ADDRESS _____ EMAIL _____
CITY _____ STATE _____ ZIP _____

SESSION INFORMATION

TYPE OF WORKSHOP _____
EVENT DATE _____ START TIME _____ END TIME _____
REQUESTED LOCATION OF EVENT _____
NUMBER OF PEOPLE _____
AGE RANGE _____
SKILL LEVEL (ex: beginner, advanced) _____
REQUESTED THEME (OPTIONAL) _____
STENCIL REQUEST (OPTIONAL) _____
COMMENTS/ADDITIONAL REQUESTS _____

*ESTIMATE ONLY, ADDITIONAL FEES MAY APPLY

BYO OR BAR SERVICE (REQUIRED FOR VENUES) _____
ADD-ONS/EXTRAS _____ OTHER _____

Once the invoice is approved, I agree to pay a full deposit at least one week prior to the event. I understand that payment is non-refundable for participants that do not arrive to the event.

Client's Full Name: _____

Signature: _____ Date: _____

PHONE

+44 (0)7449 675 357

WEBSITE

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