



## ***Ornamental Welding Workshops Application***

Name: \_\_\_\_\_

Last Name

First name

Address: \_\_\_\_\_

Street /PO Box

City

State/Province

Zip Code

Cell Phone number: \_\_\_\_\_

Home phone or alternate Phone number: \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Spouse \_\_\_ Parent \_\_\_ Child \_\_\_ Other \_\_\_

Emergency Contact phone number: \_\_\_\_\_

Please check the camp/academy you wish to enroll:

\_\_\_ July 14<sup>th</sup>, 2016- Horseshoe Project      \_\_\_ 10:00AM – 1:00PM    OR    \_\_\_ 6:00PM – 9:00PM

\_\_\_ July 21<sup>st</sup>, 2016 – Leaf Mask Project      \_\_\_ 10:00AM – 1:00PM    OR    \_\_\_ 6:00PM – 9:00PM

\_\_\_ July 28<sup>st</sup>, 2016 – Catch of the Day Project      \_\_\_ 10:00AM – 1:00PM    OR    \_\_\_ 6:00PM – 9:00PM

\_\_\_ Indicate Size of Welding Jacket needed

\_\_\_ Indicate Size of Work Gloves needed

***Please return application by e-mail to [tward@iaiworks.com](mailto:tward@iaiworks.com)***