



EVENT SPACE

Class / Workshop Attendee Reservation

Today's Date: _____

Event name: _____

Artist / Instructor: _____

Artist / Instructor contact info: _____

Date(s) of event: _____

Location: Studio 210, 210 Walnut St, Spooner, WI 54801 (715) 635-9303

Time: _____ to _____

Cost: _____

Payment received (AIH / Studio 210 can not accept credit card on behalf of artists)

_____ Cash

_____ Check, Check number _____ (make checks payable to _____)

Received by: _____

____ Participant to contact Artist / Instructor directly for payment

Participant Name:

First: _____

Last: _____

Email: _____

Phone number: _____

Notes: _____

*Artist responsible for collection of all payments directly from attendees (or from attendees thru Gallery)
Please contact Artist directly for all information regarding this class / workshop*