William Holland School Of Lapidary Arts

PO Box 980 Young Harris GA, 30582-0980
A Non-Profit Corporation Registered in the State of Georgia
706-379-2126 Registrar@windstream.net www.lapidaryschool.org

Lapidary Workshop Registration 2018

(Classes begin April 15 and run through November 4)

STUDENT A MALE FEMALE BIRTHDAY / /

LAST NAME FIRST

PREFERRED NICKNAME

MAILING ADDRESS

CITY STATE

ZIPCODE PHONE

EMAIL

EMERGENCY PHONE

SPECIAL CONSIDERATIONS

☐ HANDICAP ACCESSIBLE ROOM ☐ DIABETIC ☐ Smoker
☐ DIFFICULTY WALKING/USING STEPS

PHYSICAL OR DIETARY CONCERNS

PLEASE CHECK IF STUDENT IS UNDER 18 ☐

STUDENT B MALE FEMALE BIRTHDAY / /

LAST NAME FIRST

PREFERRED NICKNAME

MAILING ADDRESS

CITY STATE

ZIPCODE PHONE

EMAIL

EMERGENCY PHONE

SPECIAL CONSIDERATIONS

☐ HANDICAP ACCESSIBLE ROOM ☐ DIABETIC ☐ Smoker
☐ DIFFICULTY WALKING/USING STEPS

PHYSICAL OR DIETARY CONCERNS

CLASSES ARE MONDAY - FRIDAY. NO NIGHT OR WEEKEND CLASSES ARE OFFERED. STUDENTS MAY TAKE ONLY ONE CLASS PER WEEK. CLASS SIZES ARE LIMITED. THERE WILL BE NO REFUND FOR CANCELLATIONS LESS THAN **THREE (3) WEEKS** PRIOR TO DATE OF RESERVATION. FEES CANNOT BE ADJUSTED FOR LATE ARRIVAL OR EARLY DEPARTURE. THERE IS A **$15.00** PER CLASS CANCELLATION CHARGE AFTER APPLICATION IS RECEIVED REGARDLESS OF CLASS AVAILABILITY. STUDENTS UNDER THE AGE OF **18** MUST BE ACCOMPANIED BY A PARENT OR GUARDIAN.

THIS IS A **NON-SMOKING** FACILITY. ROOMS HAVE ONE FULL SIZE AND ONE TWIN BED, PRIVATE BATH, CEILING FAN AND A/C. CLASSROOMS AND DINING FACILITIES ARE AIR-CONDITIONED. STUDENTS ARE EXPECTED TO WEAR CLOSED-TOE SHOES AT ALL TIMES.

APPLY FOR ONLY TWO (2) CONSECUTIVE WEEKS PER APPLICATION.

DATE / / 2018

STUDENT A *(CLASS/INSTRUCTOR)*

STUDENT B *(CLASS/INSTRUCTOR)*

DATE / / 2018

STUDENT A *(CLASS/INSTRUCTOR)*

STUDENT B *(CLASS/INSTRUCTOR)*

ACCOMODATIONS REQUESTED

☐ **LODGE**
$395 PER PERSON/PER WEEK

☐ EARLY ARRIVAL‡ (*ADD $18/PERSON*)
☐ PRIVATE ROOM REQUESTED (*ADD $160*)**
PREFERENCES (*NOT GUARENTEED*)
☐ SPARKS LODGE
☐ OTTO'S LODGE

$100 DEPOSIT REQUIRED PER PERSON/WEEK†

☐ **CAMPER**
*$345 PER WEEK (1 STUDENT, 1 GUEST)**
$550 PER WEEK (2 STUDENTS)

☐ EARLY ARRIVAL‡ (*ADD $12/SITE*)
EQUIPMENT TYPE
☐ MOTOR HOME ☐ TENT
☐ TRAVEL TRAILER ☐ POP-UP
EQUIPMENT WIDTH_____FT
EQUIPMENT LENGTH_____FT

$50 DEPOSIT REQUIRED PER PERSON/WEEK†

☐ **COMMUTER**
$225 PER PERSON/PER WEEK

$50 DEPOSIT REQUIRED PER PERSON/WEEK†

***Additional campers can be added at a rate of $225 per class and $25 per person**
***DEPOSIT IS REQUIRED WITH APPLICATION (First party, Domestic Check or Money Order). Fees shown and payment require in $US**
****Private Rooms are limited. Rooms are awarded based upon availability at time of Application**

Students registered for early arrival may arrive after 3:00 PM on Saturday before their class. Early arrival Students must attend regular check-in.

-Balance is due when you check in. Does not include materials, class fees, lab fees or other incidental fees.
-Only Sunday Dinner inlcuded for camper and commuter. All meals included in Lodge. You can add individual meals (Breakfast $6 Lunch $7 Dinner $9)
-When adding a guest, be sure to fill in that person as Student B and write "Guest" where you indicate their class.
-When indicating a requested roommate, fill in that person's name as Student B and write "Request Roommate" in place of their address.

MAKE CHECKS PAYABLE TO: WILLIAM HOLLAND RETREAT INC.

I CERTIFY THAT I HAVE FULLY READ, UNDERSTOOD AND AGREED TO ALL GUIDELINES PERTAINING TO THE USE OF THE GOODS AND/OR SERVICES (THE SERVICES) PROVIDED BY WILLIAM HOLLAND RETREAT INC. DBA THE WILLIAM HOLLAND SCHOOL OF LAPIDARY ARTS (WILLIAM HOLLAND) AND HEREBY AGREE TO FULLY COMPLY WITH ALL POLICIES, GUIDELINES, OR DIRECTIONS, BOTH WRITTEN AND VERBAL, ESPECIALLY THOSE REGARDING SAFETY AND/OR TECHNIQUES PROVIDED BY WILLIAM HOLLAND RETREAT INC. OR AN AFFILIATED PERSON OR INSTRUCTOR AND ACKNOWLEDGE THAT ANY DEVIATION FROM THESE POLICIES AND GUIDELINES MAY RESULT IN IMMEDIATE TERMINATION OF MY USE OF THE SERVICES WITHOUT THE CONSIDERATION OF ANY REFUNDS. I AM AWARE THAT USING ANY OF THE SERVICES OR PARTICIPATING IN ANY ACTIVITY RELATED TO OR IN CONJUNCTION WITH THE SERVICES CAN BE DANGEROUS AND MAY INVOLVE CERTAIN RISKS. I UNDERSTAND THE DANGERS AND RISKS MAY INCLUDE (I) SERIOUS INJURY, (II) IMPAIRMENT TO GENERAL HEALTH OR WELL-BEING, AND/OR (III) LOSS, THEFT, OR HARM TO MY PERSONAL BELONGINGS. IN CONSIDERATION OF WILLIAM HOLLAND PERMITTING ME TO UTILIZE THE SERVICES, I HEREBY VOLUNTARILY ASSUME AND UNDERSTAND ALL RISK TO MYSELF AND MY BELONGINGS. I AGREE TO PROVIDE MY OWN MEDICAL AND OTHER INSURANCES AND TO UPHOLD THE INDEMNIFICATION CLAUSE FOUND IN THE POLICIES AND GUIDELINES PROVIDED TO ME BY WILLIAM HOLLAND AT WWW.LAPIDARYSCHOOL.ORG/POLICIES.PHP. I UNDERSTAND THAT I HAVE THE RIGHT TO REQUEST AND REVIEW A PRINTED COPY OF THE POLICIES AND GUIDELINES AND/OR THIS STATEMENT BEFORE SIGNING.

SIGNATURE DATE

SUPPORT YOUR CLASSROOMS. DONATE TO THE TUESDAY NIGHT AUCTION.