

PAINTING YOUR PERSONAL MYTHOLOGY 2010

OFFICE COPY

The return of this sheet, with your signature and deposit of \$150.00 for the Sumer Session, and/or \$300.00 for the Fall Session is required to complete your registration (s).

Name: _____

Address: _____
Number & Street City Zip

Phone/Fax: _____

Email: _____

Please indicate which session(s) you plan to attend:

Summer Session: _____ Fall Session: _____

You may attend each session separately, and register for sessions separately, by downloading this form, and returning a copy of the form at the appropriate date(s).

All meetings are Mondays, 10 AM to 1 PM.

Group Meeting Dates:

Summer Session: July 12, 19, 26, August 2, 9 & 16, 2010

Fall Session: September 13, 20, 27, October 4, 11, 18, 25, November 1, 8, 15, 22, 29, December 6 & 13, 2010.

Location: (Different from mailing address) **5418 Shafter Avenue, Oakland, CA., 94618; cross street, Hudson.**

Fees: \$300.00 for the six weeks Sumer Session and/or \$700.00 for the fourteen weeks Fall Session. This includes high quality art materials.

Payment Schedule:

Summer Session: a \$150.00 deposit is due along with a completed registration form on or before July 2, 2010 and a final payment of \$150 on or before August 2, 2010.

Fall Session: a \$350.00 deposit is due along with the completed registration form on or before September 3, 2010, and a final payment of \$350.00 on or before November 1, 2010.

Please make out checks or money orders to:

Terry Hatcher, P.O. Box 3233, Oakland, CA., 94609.

Sorry, I am unable to process credit card payments at this time.

Statement of Personal Responsibility / Hold Harmless Clause:

I understand that I am making a commitment to this group. I also understand that I may experience uncomfortable personal material and a wide range of emotions during this process. As a result, I may experience resistance to coming to the group and I agree to show up with (or without) my resistance, in the service of my personal growth.

I understand the use of alcoholic beverages and non-prescription drugs will very likely distort my experience. Therefore, I agree not to attend the group under the influence of the above substances.

I declare I am responsible for my own actions during the group with Terry Hatcher, and that Terry Hatcher and the owners of the property where the group is held, do not assume responsibility for incidents or accidents to any individual.

I recognize that Terry Hatcher, Ph.D., is a highly trained specialist in this Expressive Art Method and does not recommend group participants attempt to lead groups or workshops in this method without sufficient training, due to the possible misuse of a powerful psychological tool.

Confidentiality: I recognize that participant's experiences and processes during this group are to remain confidential.

I am in agreement with the above statements.

Signed: _____ Date: _____

Cancellations: If you choose not to attend the group after the July 2, 2010 Summer Session deadline or the September 3, 2010 Fall Session deadline, there will be a \$50.00 cancellation fee. There will be no refunds if a participant cancels after the first week of a session.