

John Sylvester Photography 2012 Workshops

APPLICATION FORM

Name.....

Address.....

Tel: Home.....Work.....

e-mail.....

WORKSHOP DATES: 1st choice 2nd choice

July 13-15 \_\_\_\_\_

July 20-22 \_\_\_\_\_

DEPOSIT:

WAIVER OF LIABILITY

“I expressly acknowledge and agree that John Sylvester Photography shall not be liable for any claims or damages arising from personal injury sustained, nor for any loss or theft of personal property, however caused.”

Date.....

Signed.....

Complete and sign this form and return to:

John Sylvester Photography  
P.O. Box 2168,  
Charlottetown, PE C1A 8B9

Phone 902 964 2423

Fax 902 964 2423

e-mail [johnsylvester@pei.aibn.com](mailto:johnsylvester@pei.aibn.com)