



HOCKADAY
MUSEUM OF ART

Workshop Registration

Blue Bears Acrylic Painting

Instructor: DG House

Ages: 12 thru adult

Date: Wednesday March 20, 2024

Time: 4:00-5:30 pm

Enjoy painting blue bears with indigenous creative, DG House. House is in her 40th year as a professional artist and is artist in residence (Legacy Artist Indigenous Arts and Cultural Demonstration Program) in Grand Teton National Park and (Inspired by Yellowstone) in Yellowstone National Park. DG House is known for her colorful depictions of wildlife and wild lands featuring her iconic blue bears. This workshop welcomes youth and adults of all abilities.

Cost: \$30 -Includes all painting supplies. Remember to wear something that is okay to get paint on.

Today's Date: _____

Name _____

Age (if under 18) _____ Parent/Guardian _____

____ I give my above-named child permission to participate in the DG House acrylic painting workshop.

Mailing Address _____

City, State & Zip _____

Phone _____ E-mail Address _____

To ensure the safety and well-being of class participants, the Hockaday Museum requires prior notice of any health issues, emergency contact name, and contact telephone.

Health Issues, if any: _____

Emergency contact & phone: _____

Class Cancellation & Refund

Participant cancellation 30 days in advance of workshop: 100% refund, less \$10 processing fee

7-29 days prior to start of workshop: 50% less \$10 processing fee

Less than 7 days prior to start of class: No refund (partial refund possible if space is filled by another participant)

If class is cancelled by the Hockaday Museum a full refund will be given.

By signing this form, I acknowledge that I understand and agree to the terms stated above. I also agree to the Hockaday Museum of Art taking my photograph(s) for use in brochures, fliers, or other marketing materials.

I am not a museum member

____ Enclosed is my \$30 payment in full

I am a museum member (discounted class fee)

____ Enclosed is my \$27.00 payment in full

Signature _____

For phone or mailed registrations:

Name as printed on Credit Card: _____

Mailing Address: _____ City _____ State _____ Zip _____

Credit Card # _____ Exp Date: _____ Security Code _____

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