



Cowichan Valley Performing Arts Foundation

Cowichan Valley Performing Arts Foundation

Studio/Service Provider Registration Form

If you have previously completed this form, please advise of any change since that time on the form below.

Contact Information

Name of Business:	Program/Instructor(s):
Address:	
Phone:	Email:
Website:	
Business Registration No:	

Studio/Program Information (please attach any brochures, card, etc. you may have regarding your program)

What type of activities do you offer? _____

How long have you been in business? _____

What are your current fees? _____

Are you a member of any professional associations? (please list): _____

Please provide two references who have participated in your past programs/activities/lessons:

Name:	Phone:
Name:	Phone:

If asked would you be willing to complete a criminal record check? (please circle) Yes No

Would you be willing to volunteer for events? (please circle) Yes No

Have you paid your annual membership fees? (Please circle) Yes No

Membership fees can be paid via email transfer to info@cvperformingarts.ca (note: please provide full name and either "Membership or Donation" in comment box for email transfer or mail cheque/application to CVPAF PO Box 366 Duncan, BC V9L 3X5)

All Service providers who receive funds for individual participants must agree to the following:

- To report any participant absences to the Cowichan Valley Performing Arts Foundation
- To participate in the program evaluation process
- To report a change in fee structure

Signed (Name and Title) _____

Date _____