

Date: _____

FOTM GLASS SCHOOL SIGNUP SHEET

By filling this form I certify that I am at least 18 years of age, or 12 years of age with a present guardian, I also understand that there is an inherent risk to glassblowing, more information about my assumed risk can be found on the safety forms you will sign before beginning your class.

Name: _____

Please contact me by:

Email: _____

Phone: Text Call _____

Town of Residence: _____

Classes interested in: (Check all that apply)

- Learn to make a pipe
- Learn to make a pendant
- Learn to make a bead
- Private Instruction (beginner)
- Private Instruction (Intermediate)
- Flameworking League

Information about the different classes as well as pricing can be found in our school brochure

Please answer these questions about your comfort level honestly and to the best of your ability as they will allow for maximum time on the torch during your lesson, as well as give us the ability for you to benefit the most from your time learning the art!

1= least comfortable/no experience 5=totally comfortable/lots of experience

Being close to an open flame	1	2	3	4	5
Working with my hands	1	2	3	4	5
Having my arm or elbow touched by instructor	1	2	3	4	5
Being watched as I learn	1	2	3	4	5
Getting burned/Cut	1	2	3	4	5
Ability to speak/communicate in English	1	2	3	4	5

Have you worked with glass before? Y N If so, where? _____

(optional) What are your goals? _____
