

**LEO SULLIVAN MULTIMEDIA FOUNDATION
ANIMATION WORKSHOP REGISTRATION**

Six consecutive Saturdays

Workshop Hours: 9:30 am until 1:30 pm

Parent or Guardian

Name: _____

Address: _____

Telephone Number: _____ **e-mail:** _____

Youth Age: _____ **(ages 10 – 17 years) (if more than one, use the bottom of form and back)**

Name of Youth: _____

Parent or Guardian must sign for youth.

Signature of Parent or Guardian

**Leo Sullivan Multimedia Foundation
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