

**FN** FRIDAY  
NIGHT  
**FC** FASHION  
CLUB

Friday Night Fashion Club is a free program for Red Hook teens who are interested in fashion, design, and sewing. We provide all supplies -- including fabric and sewing machines, as well as lots of snacks. The program is hosted by Pioneer Works and led by experienced teacher and author, Lesley Ware.

**Day/time:** Fridays, 5:30-8:30

**Dates:** January 13, 2017 - June 2, 2017

**Meeting Place:** Pioneer Works, 159 Pioneer St. (between Conover and Van Brunt)

**Instructor:** Lesley Ware  
hello@thecreativecookie.com

**Coordinator:** Cassie Wagler  
cassie@pioneerworks.org

**Contact Number:** Pioneer Works  
(718) 596-3001

Please feel free to contact Cassie or Lesley with any questions, ideas or concerns. We'd be happy to hear from you.

***Please return the completed application to:  
Pioneer Works or Red Hook Initiative***

# Application for New Members

First, Middle & Last Name:

\_\_\_\_\_

Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Alt. Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address:

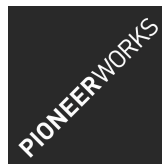
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Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_



Please describe your personality:

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Please share your creative strengths or interests:

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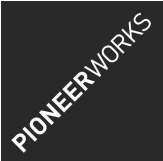
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What do you want to join the Friday Night Fashion Club?:

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Please list any past experiences with sewing, fashion or design:

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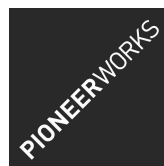
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Please list any allergies, medical conditions, learning disabilities and/or medications that teaching team should be aware of:

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By signing this document I agree to fully participate in the Friday Night Fashion Club and to attend all sessions to the best of my ability.

**Participant** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Print Name: \_\_\_\_\_

By signing below I give my consent for \_\_\_\_\_ to participate in the Friday Night Fashion Club. They have permission to travel to and from both meeting locations on their own.

**Parent/Guardian** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

**Photo & Video Release**

I give Pioneer Works the permission to take photographs or video of the participant listed above. I understand that these images might be used for Pioneer Works in print media publications, advertisements, social media, website and blog. I release the photographer, their offices, employees, and agents from liability for any violation of any personal or proprietary right I may have in connection with such use. I have read this release and approve of its terms.

**Parent/Guardian** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Initial here if you do not want the participant in photos/video: \_\_\_\_\_

***Please return the completed application to:  
Pioneer Works***