

REGISTRATION FORM

EVENT _____

DATES _____

PERSONAL INFORMATION

Name: _____

Address: _____

Phone #: _____

Email: _____

PAYMENT INFORMATION

DEPOSIT AMOUNT _____

BALANCE DUE _____ **DUE DATE** _____

FORM OF PAYMENT _____

EMERGENCY CONTACT

Name: _____

Phone #: _____

Relationship: _____

DIETARY PREFERENCES (FOR RESIDENTIAL WORKSHOPS ONLY)

GLUTEN FREE _____

OTHER (include other food allergies):

DAIRY FREE _____

VEGAN _____

VEGETARIAN _____

OMNIVORE _____