

# REGISTRATION FORM

(Please include with your check)

**Mail to: Teresa Kowalski, PO Box 392, South Beach OR 97365**

Date reserved \_\_\_\_\_ 2010 [ ] Class [ ] Workshop

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_