

Day Student Registration

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Registration fee is \$45 per class, indicate which class you desire.

Indicate if you would like a meal by circling Yes or No. See below for costs.

Sessions Title

Sat AM Class _____ Cost \$45

Lunch Yes No _____ Cost \$10

Sat PM Class _____ Cost \$45

Supper Yes No _____ Cost \$15

Sun AM Class _____ Cost \$45

Lunch Yes No _____ Cost \$10

Total _____

Make check payable to:

fiber thing's Winter Weekend Warm-up

Mail to:

Kathy Krause E8558 Steenbock Rd Clintonville, WI 54929

Refund Policy:

Full refund for cancelled or full classes, otherwise-

Up until Jan. 14th - 90%

Jan 15th - Feb. 6th - 75%

After Feb. 6th -No refund