

**Bead Camp Registration
January 16-18, 2015**

Name _____

Address _____ City, Zip _____

Phone (D) _____ (N) _____

E-mail address: _____

Food allergies or special diet (Gluten-free/vegetarian/vegan) _____

- Overnight Package: \$200 *Registration opens 12/10/14.* \$ _____
(Fri. & Sat. night lodging, Sat. breakfast, lunch & dinner/Sun. brunch)
- Double occupancy room
Roommate preference: _____
- Single occupancy Room: Add \$20 \$ _____
- Commuter Package: \$100 (all meals) *Registration opens 1/1/15* \$ _____
- Optional Class(es): \$30 O-So Squared with Connie Whittaker \$ _____
\$35 Enamor with Kathy Cosgrove \$ _____

Total fee: \$ _____

Payment information

MC, Visa or Discover card # _____ Exp. date _____

Check enclosed Amount: \$ _____

As a consideration for being permitted to participate in activities sponsored by the DeKoven Center, and/or using equipment or property of said establishment, each such participant and user agrees to assume all liability for injury and/or damage resulting from such participation or use and further agrees to hold the DeKoven Center free and harmless on account of any act of omission, commission or negligence on the party of the DeKoven Center or any of their officers, agents, or employees.

SIGNATURE: _____

**Please detach and mail this form with payment in full to:
The DeKoven Center, 600 - 21st St. Racine, WI 53403 attn.: Hannah Kind
hkind@dekovencenter.org (262) 633-6401 ext. 106 FAX (262) 898-1644**

Registration or Facility Questions? Contact Hannah Kind at the DeKoven Center
hkind@dekovencenter.org or 262-633-6401x106

General Camp Questions? Contact Amanda or Tracy at Funky Hannah's
info@funkyhannahs.com 262-634-6088