**Bead Camp Registration**

**October 17-19, 2014**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City,Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (D)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(N)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Food allergies or special diet (Gluten-free/vegetarian/vegan\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overnight Package: $200 ***Registration opens 8/13. Registration closes 10/1.*** $\_\_\_\_\_\_\_\_

 (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 10/2*** $\_\_\_\_\_\_\_\_

Optional Class(es): $25 each Saturday daytime class $\_\_\_\_\_\_\_\_

 $35 Saturday evening class (includes materials) $\_\_\_\_\_\_\_\_

 Total fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please indicate the optional class(es) you’d like to attend***

9:30 am Sat. Making Tracks with Kathy Cosgrove

9:30 am Sat. Vella Pendant, an Ellad2 pattern with Candy Sexton

1:30 pm Sat. Crystalized Charisma with Connie Whittaker

  7:00 pm Sat. Holiday Tree Chainmaille with Diane Miller

***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**