

Bead Camp Registration
April 15-17, 2016

Name _____

Address _____ City, Zip _____

Phone (D) _____ (N) _____

E-mail address: _____

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

Overnight Package: \$240 *Registration opens 3/9/16.* \$ _____

(Fri. & Sat. night lodging, Sat. breakfast, lunch & dinner/Sun. brunch)

Double occupancy room
Roommate preference: _____

Single occupancy Room: Add \$20 \$ _____

Commuter Package: \$120 (all meals) *Registration opens 4/1/16* \$ _____

Optional Class(es): **Morning Session 9:00 – 12:00**

\$35 Sidewinder with Cheri Stewart \$ _____

Afternoon Session 1:30 – 4:30

\$35 Crystal Kryptonite with Anna Elizabeth Draeger \$ _____

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: _____

Space is limited and filled in the order of receipt by email, phone or fax.

Payment is due within 10 days of registration.

Please mail this form to:

**The DeKoven Center, 600 - 21st St. Racine, WI 53403 attn.: Sarah Bussell
sbussell@dekovencenter.org (262) 633-6401 ext. 105 FAX (262) 898-1644**

Registration or Facility Questions? Contact Sarah at the DeKoven Center
sbussell@dekovencenter.org or 262-633-6401x105

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