Funky Hannah's Spring 2019 Bead Camp Registration
Thursday April 25th through Sunday April 28th.

REGISTRATION IS OPEN & THROUGH FUNKY HANNAH'S

Space is limited and filled in the order of receipt. (FH_____). Payment is due at the time of registration. Commuter registrations opens after April 1st, with space available if not filled with overnight campers.

Register by phone, fax, email, PayPal or snail mail to **FUNKY HANNAH'S:** Funky Hannah's, 324 Main St., Racine, WI 53403. info@funkyhannahs.com. Phone (262) 634-6088, FAX (262) 635-2357.

Cancellation policy: a 10% fee deducted if canceled by April 10th. If cancellation occurs after April 10th, 50% of registration fee will be refunded. No refunds 72 hours prior to the event.

Name _____

Address _____

City, State, Zip _____

Phone _____ E-mail address_____

Emergency Contact Name _____Phone _____

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

Three Night Retreat Package: (Please register before April 1st for overnight accommodations)
- O $540 per person. Single occupancy. $_____
- O $375 per person. Double occupancy. (Roommate _____) $_____

Two Night Retreat Package: (Please register before April 1st for overnight accommodations)
- O $455 per person. Single occupancy. $_____
- O $335 per person. Double occupancy. (Roommate _____) $_____

Commuter Package:
- O $210 per person.

Optional Classes
- O **Hands On Studio** - Fused Glass projects.
  Prices vary... pay Hands on Studio $10-$50 depending on your project.
  Friday, 10am-1pm. $5 Entry Studio Pass. $_____
- O **Wine Tasting at Stone's Throw Winery.**
  Friday, 3-4pm. $8 $_____
- O **Regal Crest Pendant with Connie Whittaker.**
  Saturday, 9am-Noon. $35 Supplies not included/kits available from Funky's Boutique. $_____
- O **Butterfly Kisses Bracelet with Connie Whittaker.**
  Saturday, 1-4pm. $35 Supplies not included/kits available from Funky's Boutique. $_____
- O **Good Morning Make N Take with Funky Amanda.**
  Sunday, 9am-Noon. FREE, all supplies included. $_____

Total Fee: $_____

Payment Information

CC #_____ Exp._____/_____ CVV_____

Signature: _____

O Check enclosed Amount: $_____

O Email me a PayPal invoice to pay via PayPal or CC Email: _____