

CLASS REGISTRATION

Contact Information (Required) Please Print			
Name:		Phone: ()	
Spouse's Name if participating:			
Address (Street):			
City:	State:	Zip:	-
e-Mail:		My Contact Information has Changed <input type="checkbox"/> YES <input type="checkbox"/> NO	
Emergency Contact Information (Required) Please Print			
Name:		Phone: ()	
Lodging Information (Optional) Please Print			
I will need a bed <input type="checkbox"/>	I am going home <input type="checkbox"/>	I am staying at a Motel <input type="checkbox"/>	I snore: <input type="checkbox"/> YES <input type="checkbox"/> NO
Preferred Roommate(s) Choice:		Second Roommate Choice:	
Special Diet or Health Considerations:			
Class Requests (Required)			
In Order of Priority 1 st : _____ 2 nd : _____ 3 rd : _____	A. Eagle Bust 7" tall B. Lady Slipper C. Wimzy Houses out of Basswood	D. Largemouth Bass Relief E. Fat Fisherman F. Safari Giraffe in Butternut G. Semi-relief and Wood Burned Chickadee	H. Chip Carving I. Fan Bird Carving J. Faces in Cottonwood Bark K. Baseball Player L. Fiber Arts to UFOs
Note: Classes will begin Friday evening and conclude Sunday afternoon. We will make every attempt to place you in your first choice. However, that may not always be possible. Classes are assigned on a first come first served basis.			
The cost is \$195.00/person . Non-carving participants must pay the full fee. Amount enclosed: \$ _____ [no partial payments please] Make checks payable to: Snow Daze Carve-in .			

RELEASE

We, the undersigned, hereby release and forever discharge The Green Lake Lutheran Ministries, the Central Minnesota Woodcarvers Association or the Minnesota Woodcarvers Association, and its' instructors individually, from any or all liability, causes of action, claims and demands upon or by reason of damage, loss or injury sustained by the under-signed at the Snow Daze Carve-in, held January 4, 5 & 6, 2019. Registration is non-transferable and has no cash value.

Signed _____ Date _____

(1 individual / sheet, please make an extra copy for additional participants)

 (Parental/guardian consent, if under 18)

SNOW DAZE CARVE IN

WAYNE NICOLOFF

10853 Quitter Ave NW

South Haven, MN 55382-3710

Mail To:

Email To:

wayne.nicoloff@gmail.com