

# CLASS REGISTRATION

Contact Information (Required) Please Print											
Name:	Phone: (    )										
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"/>										
Preferred Roommate Name:	I snore: <input type="checkbox"/> YES <input type="checkbox"/> NO										
Special Diet or Health Considerations:											
Class Requests (Required)											
<b>In Order of Priority</b> 1 <sup>st</sup> : _____ 2 <sup>nd</sup> : _____ 3 <sup>rd</sup> : _____	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">A. Polar Bear or Grizzly Bear</td> <td style="width: 33%;">F. Turkey Feather</td> </tr> <tr> <td>B. Relief Hunting Dog</td> <td>G. Ornaments for Holidays</td> </tr> <tr> <td>C. Introduction Chip Carving</td> <td>H. Dragons</td> </tr> <tr> <td>D. Faces</td> <td>I. Fiber Arts</td> </tr> <tr> <td>E. White Tail Buck</td> <td></td> </tr> </table>	A. Polar Bear or Grizzly Bear	F. Turkey Feather	B. Relief Hunting Dog	G. Ornaments for Holidays	C. Introduction Chip Carving	H. Dragons	D. Faces	I. Fiber Arts	E. White Tail Buck	
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<b>Note:</b> 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 \$169.00/person. Non-carving participants must pay the full fee. Make checks payable to: <b>Snow Daze Carve-in.</b> Amount enclosed:      \$ _____ [no partial payments please]											

## 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 7, 8, 9, 2011. Registration is non-transferable and has no cash value.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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

\_\_\_\_\_  
(Parental/guardian consent, if under 18)

**Mail To:** Bob Rosenberg  
 Snow Daze Carve-in  
 1340 9<sup>th</sup> Av So #116  
 St Cloud MN 56301

**OR**

Marlin Eich  
 Snow Daze Carve-in  
 P O Box 434  
 St Joseph MN 56374