

## CONTACT INFORMATION

First \_\_\_\_\_ Name Tag \_\_\_\_\_

Last \_\_\_\_\_  Female  Male

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## CLASS CONFIRMATION MATERIALS (Please select one.)

- Please e-mail my class confirmation.  
 Please send my class confirmation via the Post Office.

## REGISTRATION INFORMATION

Class #	Class Title	Material & Shop Fees	Class Fee
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Add Materials/Shop Fees Subtotal **L** → \$ \_\_\_\_\_

Early Arrival \$40 (if available) (Friends Members: \$35) \$ \_\_\_\_\_

I want to join Friends or renew my membership (see pg. 47) \$ \_\_\_\_\_

I want to make a tax-deductible contribution \$ \_\_\_\_\_

**Total \$** \_\_\_\_\_

**Amount Enclosed** (minimum deposit \$300) \$ \_\_\_\_\_

(If you are only making a partial payment, the balance is due three weeks prior to class.)

## CLASS FEE (per person) (select one)

- \$995 Dormitory room w/ shared bath  
 \$1085 Two-person room w/ private bath  
 \$1555 Single-person room w/ private bath (*limited availability*)  
 \$585 Commuter (*limited availability*)

## PAYMENT

\_\_\_\_\_

Visa or MasterCard Number

\_\_\_\_\_/\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
3-digit CVC #

Please make check or money order payable to:

The Clearing ■ P.O. Box 65 ■ Ellison Bay, WI 54210  
920-854-4088

www.theclearing.org

## FOR OFFICE USE ONLY

Date:

Time:

Deposit: