

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. 45) \$ _____

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)

- \$1015 Dormitory room w/ shared bath
- \$1115 Two-person room w/ private bath
- \$1630 Single-person room w/ private bath *(limited availability)*
- \$600 Commuter *(limited availability)*

PAYMENT

Discover, MasterCard or Visa 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