

STARWALKERS
Workshop Registration Form

CREATING A CULTURE OF PEACE

FEBRUARY 8-10, 2008

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact _____

Do you have any allergies?

What are your specific dietary needs, if any?

The focus of this workshop is exploring active nonviolence as a dynamic of personal and social change. Describe your background in this (if any).

Please use the space below to share any other special needs you may require in attending this workshop.

Before the workshop, we will mail out confirmation and additional information about the weekend.

Please send a check for **\$225**, payable to **Starwalkers** and mail to:
Rose Ann Steenhoek - 15150 Giefer Avenue - Northfield, MN 55057

Note: Workshops must be paid in full in advance. 50% of the fee can be refunded if notification is given up to 14 days in advance. No refunds will be given after that time. In the event that a workshop is cancelled or filled after your registration is received, your payment can either be refunded or credited to a future workshop or class.

For additional information regarding food or lodging, call **Rose Ann** at **507-645-6414**
email genesteenhoe@hotmail.com

For information regarding program, call **Phil Stoltzfus** at **507-663-1859**
email stoltzfusp@gmail.com