

STARWALKERS

Workshop and Retreat Registration Form

Please register me for the following Workshop/Retreat:

Workshop Name: _____ Workshop Dates: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact _____

Do you have any allergies?

What are your specific dietary needs, if any?

What talents and gifts might you have to offer? (as much as possible we would like to include participants' gifts in the fabric of the program, for example singing, storytelling)

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

Please send a check, **payable to Starwalkers** 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 canceled or filled before your registration is received, your payment can either be refunded or credited to a future workshop or class.

For additional details or information, call **Rose Ann Steenhoek** at **507-645-6414**