

Lost Arts Week Registration 2008

Contact name: _____

Address: _____

Phone Number – Home: _____ Work: _____

Email: _____ Cell: _____

How did you hear about us? _____

Accommodations?

Own tent

Shared cabin

Private cabin (limited)

Please contact the office if you're interested in a work exchange and/or a scholarship (limited opportunities and funds).

Names (including adults)	Gender/Birthdate	Relation to Contact <i>e.g. son or friend</i>	Dietary needs/Allergies/Medical concerns
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To Register – Call our office or Fax or Mail this form to us.

COMMON GROUND CENTER

Call: 1-800-430-2667

Fax: 1-802-329-2051

Email: info@cgcvt.org

Web: www.cgcvt.org

Snail Mail: CCG, Attn: Registration,
473 Tatro Road,
Starksboro, VT 05487



**Don't forget
the other
side!**

*****OFFICE USE ONLY*****

Intake:

In DB:

In QB:

1st Wave:

Forms Rcvd:

2nd Wave:

Bill Paid:

