

Hands Four 2010 registration

Name: _____ Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Names of other registrants: _____

Weekend Packages

\$48 postmarked by March 15\$ _____

\$55 at door / after March 15\$ _____

___ # kids age 2-12 @ \$0.00..... \$ _____

(Please give child care person a tip)

A la Carte

Friday night dance @ \$15 \$ _____

All Saturday workshops @ \$20 \$ _____

Each Saturday workshop @ \$5 \$ _____

Saturday night dance/after dance @ \$20 \$ _____

Sunday brunch/waltz/contra dance @ \$15 .. \$ _____

Total amount enclosed \$ _____

Make checks or money orders payable to:

Hands Four, P.O. Box 817, Berea, KY 40403

Housing in private homes is limited, but try to find space for me. Yes _____

Circle choices to ensure best match: Smokers Non-smokers No pets Bed only

Floor space OK Campsite No Children Children OK Other _____