

**Bead Camp Registration
October 28th-30th, 2011**

Name _____

Address _____

City, Zip _____

Phone (D) _____ (N) _____

E-mail address: _____

- Overnight Package: \$185 (Fri. & Sat. night lodging, Sat. breakfast, lunch & dinner/Sun. brunch)**
 - Commuter Package: \$90 (all meals)**
 - Single Occupancy Room: Add \$20**
 - Optional Class: Add \$25 ea.**
- Total fee: \$ _____

Please indicate the optional class(es) you'd like to attend

- Gail Wing: Floating Bubbles Bracelet (10 am Sat.)**
- Marj Lacock: Etched Copper Pendant (2 pm Sat.)**
- Anna Draeger: Cubic Cuties (11:00 am Sun.)**

Payment information

- Visa**
- MC # _____ Exp. date _____**
- Check enclosed** **Amount: \$ _____**

As a consideration for being permitted to participate in activities sponsored by the DeKoven Center, and/or using equipment or property of said establishment, each such participant and user agrees to assume all liability for injury and/or damage resulting from such participation or use and further agrees to hold the DeKoven Center free and harmless on account of any act of omission, commission or negligence on the part of the DeKoven Center or any of their officers, agents, or employees.

SIGNATURE: _____

**Please detach and mail this form with the appropriate deposit or fee to:
The DeKoven Center, 600 - 21st St. Racine, WI 53403 attn.: Julia Peyton
jpeyton@dekovencenter.org
(262) 633-6401 ext.3**