

REGISTRATION FORM

Date _____

Mail this registration form to:
Musikgarten NM, 1603 Kiva Drive, Gallup, NM 87301

How did you hear about the workshop?

Last name, first name, middle initial

Address

City, State, Zip

Home Phone

Work Phone

Email

Fax

Workshop: Cycle of Seasons (Age 3 - 5)
Location: Gallup, NM
Dates: September 12 - 14, 2005

Fees

Tuition: \$ _____ (Teachers - \$210; Students - \$126)

Registration: \$ 25.00 _____

Total due: \$ _____

Payment enclosed: \$ _____

*Please make all checks payable to **Musikgarten NM.***

If you have any questions, call Tara Lucio at 722-3836.