

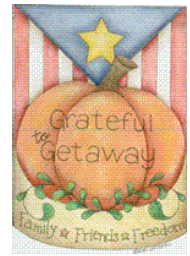
San Diego Brush Whackers 26th Annual Autumn Get-Away

Grateful to Getaway

October 7-9, 2011

REGISTRATION FORM

(Registration Deadline: September 7, 2011)



NAME _____ PHONE # _____
Last Name First Name

ADDRESS: _____
Street City State Zip Code

Email _____ Emergency Contact: _____

Registration Fees:

- Registration -two nights housing (four in a room), five meals, gifts, and fun \$230.00

About the Rooms: Registration fees are determined based on four (4) people to a room. If you would like fewer people in your room please call Sandy LeFlore (951) 371-3489 for a quote. For a processing fee of \$5.00 you may pay your registration fees by VISA/Mastercard or send a PayPal Payment for fees to JstFnDsgn@aol.com

Roommate Preferences: _____
List Names of Your Preferred Roommates (Not guaranteed but we'll do our best)

Class Fees: Prepaid with Registration 3 Hour Classes - \$11.00 Six Hour Classes - \$21.00

Project Fees (listed in the brochure) are paid to the instructor at the time of the class.

CLASS SELECTION: Please indicate your 1st and 2nd choices, and your Ghost Student choices (*classes you'd like to purchase but can't attend because of conflicts*) for each time slot. Classes are filled on a first come basis and class sizes are limited to 15 students. Pay the class fees for your 1st choices and your registration fee. You will be refunded for classes that are canceled.

	Class #	Class Title	Teacher	Class Fee
Friday 3:00-6:00 pm				
• 1st Choice				
• 2nd Choice				
• Ghost Student				
Saturday 9:00-12:00				
• 1st Choice				
• 2nd Choice				
• Ghost Student				
Saturday 2:00-5:00 pm				
• 1st Choice				
• 2nd Choice				
• Ghost Student				
Saturday 7:00-10:00 pm				
• 1st Choice				
• 2nd Choice				
• Ghost Student				
Sunday 9:00-12:00				
• 1st Choice				
• 2nd Choice				
• Ghost Student				
		Registration Fee	\$230.00	
		Make Checks Payable to: San Diego Brush Whackers	Processing Fee for CC or PayPal - \$5.00	
		Deadline: September 7, 2011	Total Due:	

Send Registration Form and Check to: Sandy LeFlore, 1560 Evergreen Lane, Corona, CA 92879-3010

Credit Card Number: _____ Exp. _____ CVC # _____