

Cedar Mountain Writing Workshop
April 18-23, 2010
REGISTRATION FORM

Participant's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Bus. phone: _____

E-mail: _____

In the event of an emergency, please contact:

Name: _____

Home phone: _____ Bus. phone: _____

Please tell us about any special needs: _____

Please list any foods you cannot or will not eat: _____

\$350 workshop fee enclosed (*includes breakfasts, lunches, and workshop tuition*)

MEDICAL RELEASE AND LIABILITY WAIVER

(Please read carefully before signing)

The undersigned hereby acknowledges that participation in this workshop and related activities may involve a small but inherent risk of physical injury, and the undersigned hereby assumes all such risk and does hereby release the property owner and workshop instructor from any and all liability resulting from the registrant's participation in or involvement with this course.

Signature: _____ Date: _____

Mail to: Colleen Anderson, P.O. Box 525, Charleston, WV 25322
Contact Colleen by e-mail: motherwit@suddenlink.net
Download flyers and forms: www.colleenanderson.com/workshops.html