

# Koviashuvik Local Living School Registration Form

Name of Class(es): 1. \_\_\_\_\_, 2. \_\_\_\_\_

Class Date(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Name and Approximate Age of Student(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

We appreciate your payment of \$ \_\_\_\_\_ (checks made out to Koviashuvik)

Mailing Address Participant 1: \_\_\_\_\_

\_\_\_\_\_

Mailing Address Participant 2: \_\_\_\_\_

\_\_\_\_\_

Phone# Participant 1: \_\_\_\_\_ Or Cell Phone#: \_\_\_\_\_

Phone# Participant 2: \_\_\_\_\_ Or Cell Phone#: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Any Food Needs? (i.e. vegetarian, food allergies, etc.): \_\_\_\_\_

\_\_\_\_\_

Any Medical Issues? (i.e. asthma, factors that limit your activities, etc.) \_\_\_\_\_

\_\_\_\_\_

Mail To: Koviashuvik, 71 Lake Drive, Temple, ME 04984