

# Koviashuvik Local Living School, LLC Registration Form

Class Attending: \_\_\_\_\_

Class Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Name, Approximate Age of Student, Preferred Pronouns (please add additional participants/pronouns to back: )

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_ Prefer Home / Cell?

Email, please print clearly!: \_\_\_\_\_

Emergency Contact Name and number: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

-Note that Koviashuvik is an inclusive organization which welcomes all religions, genders, orientations, ages, and abilities. Your registration serves as your agreement to accept these conditions.

# of participants: <input type="text"/>	Cost of program: <input type="text"/>	Participants x Cost: <input type="text"/> × <input type="text"/>	Total tuition enclosed: <input type="text"/>
If attending an overnight class, lodging tax per <u>group</u> →	One night class: add \$2.00 per group Two night class: add \$4.00 per group	# of groups x overnight tax:	Total lodging tax enclosed:
If attending an overnight class, meal tax per <u>participant</u> →	One night classes: add \$2.50 per participant Two night classes: add \$4.00 per participant	# of participants x meal tax amount:	Total adult rate meal tax enclosed:
		<b>Thank you!</b>	Total amount enclosed:

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