

TOM KENYON WORKSHOP REGISTRATION

Please print clearly!
(If we can't read it, we can't register you!)

Name of workshop_____

Participant's name_____

Address_____

City_____ State_____ Zip Code_____

Country_____

Email address_____

Phone numbers:

Day_____ Evening_____

Cell_____

Please provide the name and number of the person who will serve as your emergency contact during the workshop.

Name_____ Phone_____

We accept check, money order or cashier's check. Once accepted, all deposits are both non-transferable and non-refundable. Mail this completed form with your deposit to:

Tom Kenyon
PO Box 98
Orcas WA 98280