

Spa Scrapbook Retreat November 11-13, 2011 Registration Form

**Complete and return to Christa Wildesen at:
242 Wood St, Westernport, MD 21562
301-784-6389 or cwildone@gmail.com**

Name: _____ Vendor: _____ Cropper: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ E-mail _____

Meal Plan: \$65.00 per person - includes: 2 breakfasts, 1 lunch, 1 dinner, taxes, and gratuities.

Registration Fee: \$45.00 per person - includes registration and facility use.

Meal Plan: Circle one yes or no Cost: _____

Registration: _____ yes Cost: \$45.00

Total: _____ Total: _____

Method of Payment: enclosed check: _____ credit card: _____ (please check one)
Make checks payable to Christa Wildesen.

Credit Card number: _____ Exp. Date _____

Signature of card holder: _____