CLASS REGISTRATION - Class Request due back by September 15th

Need to be a member. If needed, membership application below.

First Participant Name:				
Second Participant Name:				
Address:	City:		_State:	Zip Code:
Phone:	Email:			
First Participant:	S	econd Participa	nt:	
1st 2 nd	3rd 1	st	2nd	3 rd
A. Kolrosing	E. Chip Carving			nber Jack
B. Relief Carving	F. Eagle Head		I. Santa	a Ornament
C. Human Caricature	G. Rosemaling		J Wood	d Spirits
D. Wooden Spoons				
Make seminar checks payable to: MW	CA Metro Seminar Amour	nt enclosed (no j	partial paym	nents) \$
Make seminar checks payable to: MWo The undersigned hereby releases and for NW, Coon Rapids, MN 55433, the individually from any and all liability, sustained by the undersigned at the Me Signed First Participant	orever discharges the Coon Metro Chapter of the Minne causes of action, claims and stro Carving Weekend Semin	Rapids VFW esota Wood Car demands upon har held Octobe	# 9625, 19 Evers Associor by reason r 7 & 8, 202	19 Coon Rapids Blvd ation, and its instructors of damage, loss or injury 23.
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If you like a membership card mailed to you, send a self-addressed, stamped envelope to Lee Olson, and add \$.60 to your dues for postage.