

WESTWIND WEEKEND, MAY 1 - 3, 2020

REGISTRATION INFORMATION (PRINT CLEARLY)

Name(s): _____ Adult Teen (13-17) Child (3-12)
_____ Adult Teen (13-17) Child (3-12)
_____ Adult Teen (13-17) Child (3-12)
_____ Adult Teen (13-17) Child (3-12)
_____ Adult Teen (13-17) Child (3-12)

Address: _____ City: _____ State: _____ Zip _____

Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

The best time to contact me is: A.M. P.M. on my Home phone Work phone Cell phone

Email Address _____

Person to contact in case of emergency _____ Phone _____

Do you wish to be considered for a scholarship to reduce your cost (this will involve some "work")? Yes No

Please suggest specific activities you would like to have happen during the weekend (workshops, music sessions, outdoor sports, etc.). _____

Food is lacto-ovo-vegetarian. Please list any important food restrictions (we do our best but cannot accommodate all special dietary needs): _____

Anything else we need to know? _____

PAYMENT INFORMATION

Number of Adults _____ X \$130 = \$ _____

Number of Teens (age 13-17) _____ X \$80 = \$ _____

Number of Children (age 3-12) _____ X \$60 = \$ _____

TOTAL ENCLOSED \$ _____

Make checks payable to **Salem Folklore Community or SFC**

Send completed registration form and payment to:

Westwind Weekend
190 Washington Street S.
Salem, OR 97302

PLEASE DO NOT POSTMARK BEFORE FEBRUARY 23.