

2011 Winter SOULstice Wellness Retreat Registration Form
February 11th, 12th, and 13th - 2011

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Primary Phone: _____

Cell Phone: _____

Email: _____

Will you provide a service? yes no

If yes, description of service: _____

Will you sell products? yes no

If yes, description of products you will sell:

Please list additional needs here:

Location:

United Congregational Church of Christ
217 NW 4th St. (SW corner of VCHS)

Registration Fee:

_____ Single Day(Saturday) - \$80

_____ Full Retreat (includes Meals) - \$150

Number of Participant(s): _____

Total Registration \$ _____ cash / check

Mail Form with Payment To:

144 Secarse Dr.
Valley City, ND 58072

Event information can be
found at www.footnotes.biz

Make Checks Payable to:
Footnotes Dance Studio