

Lost River Educational Foundation 2011 Class Registration Form

Student Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Course Information

Class Title: _____ Instructor: _____

Day/Time: _____ Cost: _____

Payment Information

_____ Payment attached (check, money order payable to Lost River Educational Foundation)

_____ Visa _____ MasterCard _____ American Express

Card # _____ Expiration Date _____

Name on Card: _____

I wish to make a tax-deductible donation in the amount of \$ _____ to help others register.

By submitting and signing this form, you acknowledge that you agree to abide by the policies set forth by the Lost River Educational Foundation. Minimum registration requirements must be met for each class. If a class is cancelled for any reason by the Lost River Educational Foundation, a full refund will be made. Payment is due in full at the time of registration. Student cancellations must be received one week prior to the start of the class. A full refund will be made only if the cancellation is received one week prior to the start of the class.

Name (Please Print) _____

Signature _____

Date _____

Lost River Educational Foundation and Lost River Artisans Cooperative
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www.lostrivercraft.com