

Decorah Rug School - Registration Form

June 4, thru June 9, 2017

Your Name and Contact Information

Full Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Choice of Teacher - Teachers are assigned on a first come basis.

Teacher 1 _____

Teacher 2 _____

Teacher 3 _____

Are you a beginner? - check all that apply

This is my first time attending Decorah Rug School.

I am a new hooker and would like to be in a beginners class.

I give Decorah Rug School permission to use any photos taken during rug school to be used on our website.

Yes, you have my permission to post photos.

No, please don't post my work on the website.

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Registration Fee: \$170 per person

Lodging Information

Select either Commuter Package or Full Resident Package. If you select Full Resident, you will have your choice between Farwell Hall and Baker Village and a single or double room.

Full Resident Package
Reserve lodging on the Luther College campus.

-OR- **Commuter Package**
I will arrange my own lodging.

check one { Farwell Hall
 Baker Village Campus (short drive to campus)

Single Room: 5 nights, **\$225** per person

Commuter Fee:
\$50 per person

Will you need more than 5 nights? Each additional night is **\$45** per person.

_____ additional nights for _____ people

Your housing fee or commuter fee payment must accompany this registration form.

Disclaimer

I will not hold Decorah Rug School or Luther college responsible for any injury or illness that might occur during my stay at Luther College during June 2017.

Name _____ Date _____

Mail this form with your registration fee, lodging fee or commuter fee, to:

Dorothy Huse
1783 County Highway P
Chippewa Falls, WI 54729

Decorah Rug School - Emergency Contact Information

All attendees please fill out the form below and bring it with you to the workshop.
You will place this form in your name tag pocket behind your name tag so we will have an emergency contact for you.

The contact should be someone that you know will be available while you are at the workshop.
If you need additional space, add another sheet or use the back of the form.

Your Information

Your Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Your Allergies _____

In case of emergency, contact this person who knows your medications and dosage.

Emergency Contact _____

Address _____

Home Phone _____ Work Phone _____

Your Primary Care Doctor

Doctor's Name _____

Doctor's Phone _____

Do not mail in this emergency contact information form.