

2012 SALTSRING WORKSHOP REGISTRATION FORM

Name _____

member

Address _____

Address _____

Phone _____

Email _____

Total

Deposit

Balance Owng _____ due by May 31, 2012

Credit card _____

credit card type _____ auth # _____

DEPOSIT received _____

PAID IN FULL _____

expiry _____

CASH SHEET _____