## THE BELVEDERE SCHOOL



## **WORKSHOP REGISTRATION FORM**

Please fill out this Registration Form completely & legibly. Each student needs to individually fill out one form. If you are registering for multiple workshops, this single form may be used for all. Scan it and email it to yapperman@msn.com or send it to Preservation Resources, Inc., 521 Bird Street, Hannibal, MO 63401.

Workshop Title/s & Date,	/s:			
1)	2)			
3)	4)			
Full Name:		Nickname		
Address:				
Street	City	State	Zip Code	
Home Phone:	Work Phone:	Cell P	hone:	
Email:	ail: Website:			
Occupation:				
Payment: Full payment for are restricted so the soor class. We accept checks a	orkshop 3 Workshop 4 _ al dietary needs or health needs we or each workshop is necessary in or her you send your payment and reg and credit cards by calling Pat Yapp Inc., and sent to Preservation Resou	rder to secure a co gister, the better c at 217-799-6086.	onfirmed place in the class. Wor hance you have of securing a sp Checks should be made payable	kshop sizes oot in the
email attachment must so Additional information w	d we will notify you by email or lett end the tuition within 14 days of ou will be forwarded to you at that time e, is 20 day before the class begins. e if spots are available.	ur receipt of your of as well. The regis	registration for final confirmation tration deadline for any worksh	on. nop/s, at
•	asionally students may have to cand subject to a \$100 cancellation fee. on-refundable,	•	· ·	•
I have filled out the Work	kshop Registration in full and agree	to all the above to	erms:	
Full Name	Date			