

Koviashuvik Local Living School, LLC Registration Form

Class Attending: _____

Class Date: ___/___/20___

Name, Approximate Age of Student, Preferred Pronouns (please add additional participants/pronouns to back:)

I. _____

Mailing Address: _____

Phone#: _____ Cell Phone#: _____ Prefer Home / Cell?

Email, please print clearly!: _____

Emergency Contact Name and number: _____

Any Food Needs? (i.e. vegetarian, food allergies, etc.) _____

Any Medical Issues? (i.e. asthma, factors that limit your activities, etc.) _____

-Note that Koviashuvik is an inclusive organization which welcomes all religions, genders, orientations, ages, and abilities. Your registration serves as your agreement to accept these conditions.

# of participants: <input type="text"/>	Cost of program: <input type="text"/>	Participants x Cost: <input type="text"/> × <input type="text"/>	Total tuition enclosed: <input type="text"/>
If attending an overnight class, lodging tax per group →	Packbasket Class or any other weekend-long class: add \$2.00 Family Stay add \$4.00	# of groups x overnight tax:	Total lodging tax enclosed:
If attending an overnight class, meal tax <i>adult</i> rate per participant →	Packbasket Class or any other weekend-long class: add \$2.50 Family Stay add \$4.00	# of adult participants x meal tax amount:	Total adult rate meal tax enclosed:
If attending an overnight class, meal tax <i>child</i> rate per participant: →	Packbasket Class or any other weekend-long class: add \$1.25 Family Stay add \$2.00	# of child participants x meal tax amount:	Total child rate meal tax enclosed:
		Thank you!	Total amount enclosed:

Please Mail To: Koviashuvik, 71 Lake Drive, Temple, ME 04984