

## Lost River Educational Foundation 2010 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**  
**7151 State Road 259, Lost River, WV 26810 304-897-7242**  
**Mailing address: PO Box 26, Lost River, WV 26810**  
[www.lostrivercraft.com](http://www.lostrivercraft.com)