

Initial Registration Form

DESMOND O'HAGAN WORKSHOP — LAKE COUNTRY PASTEL SOCIETY — OCTOBER 9-11, 2023

Name: _____

Address: _____

Cell Phone: _____ Other: _____

E-mail: _____

Amount enclosed: _____ \$100 Down Payment or
_____ \$425 Full Payment (\$450 non-members)

Make check payable to LCPS and mail to: Becky Jokela, LCPS Workshop
37429 65th Avenue
Cannon Falls, MN 55009
bjokela@gmail.com

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Return this portion with balance by September 1, 2023

Name: _____

Address: _____

Cell Phone: _____ Other: _____

E-mail: _____

Amount enclosed: _____ \$325 due if initial payment was \$100 (\$350 non-members) or
_____ \$425 Full Payment (\$450 non-members)

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bjokela@gmail.com