

Initial Registration Form
ALINE ORDMAN – LAKE COUNTRY PASTEL SOCIETY – MAY 13, 14 & 15, 2024

Name: _____

Address: _____

Cell Phone: _____ Other: _____

E-mail: _____

Amount enclosed: _____ \$100 Down Payment or
_____ \$440 Full Payment (\$480 non-members)

Make check payable to **LAKE COUNTRY PASTEL SOCIETY** or **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 **APRIL 6, 2024***

Name: _____

Address: _____

Cell Phone: _____ Other: _____

E-mail: _____

Amount enclosed: _____ \$340 due if initial payment was \$100 (\$380 non-members) or
_____ \$440 Full Payment (\$480 non-members)

Make check payable to **LAKE COUNTRY PASTEL SOCIETY** or **LCPS** and mail by **04/06/2024** to:

Becky Jokela, LCPS Workshop
37429 65th Avenue
Cannon Falls, MN 55009