



REGISTRATION FORM

Please register for all classes at least 72 hours in advance.

TITLE: MR., MRS., MS. NAME

MAILING ADDRESS

CITY STATE ZIP

DAY TELEPHONE CELL PHONE EMERGENCY CONTACT

E-MAIL ADDRESS

CLASS AND DATE:

_____ Class Fee: _____

_____ Class Fee: _____

_____ Class Fee: _____

Total Class Fees: _____

Payment Enclosed: _____

Mail payment along with completed form to:

VILLAGES FOLK SCHOOL
PO Box 532
Keosauqua, IA 52565

Courtesy Survey:

How did you hear about the Villages Folk School? _____

What new classes would like to see offered? _____

Are you a returning student? Yes No Have you recommended us to a friend? Yes No

**I acknowledge that registration in a class grants Villages Folk School the right to use my name, words and/or photograph in all forms and media for advertising and promotion. Initials _____

VILLAGES FOLK SCHOOL PO Box 532 Keosauqua, IA 52565 319-288-0047
Email: Register@villagesfolkschool.com Visit us online: www.VillagesfolkSchool.com