



## Event Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Event

Select	Name	Location	Date(s)	Cost
<input type="checkbox"/>	Easy Freestyle Weekend	Lincoln, NH (Mt. Club)	June 4 - 5 2016	\$495.00
<input type="checkbox"/>	Open Water Clinic	Loon Mt. & Mirror Lake	July 31 2016	\$149.00
<b>Total:</b>				

Please make check payable to: **Celeste St. Pierre**

Mail this form and your check to:

Celeste St. Pierre

P.O. Box 292

Lincoln, NH 03251

Thanks!