

## REGISTRATION FORM

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

WORKSHOP CHOICES (UP TO ONE PER DAY)

\_\_\_\_\_ @ \$40 payable to instructor

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\_\_\_\_\_ @ \$40 payable to instructor

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**Please make check(s) payable to the instructor of the workshop(s) you select.**

**Mail checks to:**

Cathy Miranker  
Bookmaking with Kids  
3145 Geary Blvd.  
San Francisco, CA 94118