

2017 WOTFA WORKSHOP ENROLLMENT FORM

The Workshop will be held July 17 through July 21, 2017.

You may complete this form right on your computer, print it, and mail it! Please answer ALL questions (required); if you are writing by hand, please print LEGIBLY-especially your E-Mail Address!

Please enter a **FIRST CHOICE** and a **SECOND CHOICE** class and instructor. This is important in the event we're not able to place you in your first choice class. If you provide us with a second choice - if that class is open—we'll place you in it. Otherwise we'll place you on the Wait List and void your check if you don't get in.

FIRST CHOICE _____ Did you take this class last year? YES ___ NO ___

SECOND CHOICE _____ Did you take this class last year? YES ___ NO ___

IS THIS YOUR 1ST TIME? Yes No Please list the years you have attended --

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- \$50.00 - **Youth** member (17 and under)
 - \$100.00 - **Adult** member

MAKE CHECKS PAYABLE TO: WOTFA

SEND FORM AND CHECK TO: CORRINE JUDD 1108 N. WILLOW RD. SPOKANE VALLEY, WA 99206

PLEASE READ CAREFULLY: Enrollment must be postmarked **NO EARLIER THAN THE FIRST MONDAY IN APRIL (April 3rd this year)**. Applications postmarked before the first Monday in April **WILL BE RETURNED**. Applications received on or after this date will be accepted in *order of postmark date*. **One enrollment form per person**, but multiple forms in the same envelope are okay.

NAME _____ DIST # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ E-MAIL: _____

CELL PH _____ (this is very helpful when you are in route *and* at the Workshop)

If you are accepted, will you be attending on a district scholarship? Yes ___ No ___
Or a private scholarship? Yes ___ No ___

Please check one: Adult ___ Youth ___ (17 and under) **Age of youth** ___ (required)
(Please have parent sign release below if you are under 18.)

Are you camping? (Circle) No Yes If yes: Tent ___ RV ___ (how long is rig?) _____
Motel? Name of Motel _____ Other _____

Please name other family members applying for the workshop _____

By my signature, I agree that all recordings, photos and video made by Workshop personnel, in which I am involved, are reserved by, and shall become the property of WOTFA, and may be used by the Association for promotion, publicity, or any other purposes within the scope of the WOTFA overall mission and purpose.

Name (**print legibly**) _____ Date _____

Signature _____ Parent Signature _____

(REQUIRED IF APPLICANT IS UNDER 18)