



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

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

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

Emergency contact: \_\_\_\_\_

Special dietary or medical needs: \_\_\_\_\_

\_\_\_\_\_

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Total cost is \$150.00, with a \$50.00 deposit due at the time of registration.  
The balance is due by August 10.

Mail completed form and deposit fee to:  
Daisy McKinley  
127F South Drive  
Circle Pines, MN 55014.

Questions or concerns? Contact Daisy at:  
763-717-9191 or  
[daisymckinley@hotmail.com](mailto:daisymckinley@hotmail.com)