

DARKNESS-TO-LIGHT REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

WEBSITE ADDRESS (IF ANY): _____

WORKSHOP/TOUR LOCATION: _____

WORKSHOP/TOUR DATES: _____

NUMBER OF REGISTRANTS: _____

WORKSHOP DEPOSIT: _____

(1/2 OF TOTAL WORKSHOP FEE; BALANCE DUE TWO WEEKS PRIOR TO WORKSHOP DATE)

PLEASE MAIL THIS FORM WITH YOUR DEPOSIT CHECK MADE OUT TO WILLIAM JORDAN IV TO:

WILLIAM JORDAN IV
DARKNESS-TO-LIGHT
2329 OLD LEXINGTON HIGHWAY
CHAPIN, SC 29036