



Laguna Learning Adventures

Walks & Classes

Registration Form

Thanks for your participation!

Please complete and mail this form along with your payment to:

Laguna Foundation - Walks & Classes

PO Box 7886

Santa Rosa, CA 95407

FAX: 527-5075 or visit www.lagunafoundation.org

Name _____

Address _____

City _____ State _____ Zip _____

Phone - Day _____ Eve _____ Cell _____

E-mail _____ Registration Information Only
 Yes, send Foundation e-newsletter

Class Title	Date	#Participants	Fee	Subtotal
① _____				
② _____				
③ _____				
④ _____				

Classes Subtotal \$ _____

I would like to make an additional donation to the Laguna Foundation in the amount of \$ _____

Total Enclosed/To be Charged \$ _____

Check enclosed - payable to the Laguna Foundation

Charge this amount to my _____ Visa or _____ MasterCard

Number: _____

Exp. _____

Names & contact information of additional participants: