



RAVENS - WAY WILD JOURNEYS CLASS REGISTRATION

(Please allow two weeks for processing)

Class Name _____ **Class Date** _____

Name _____
(Last, First, Middle Initial)

Occupation _____

Date of Birth (MMDDYY) _____

Height _____ **Weight** _____ **Gender** _____

Mailing Address

City _____ **State/Province** _____

Zip/Postal Code _____ **Country** _____

Primary Phone # (_____) _____

Alternate Phone/Fax# (_____) _____

E-mail

RELATED OUTDOOR / ENVIRONMENTAL INTERESTS & EXPERIENCE:

How did you learn about RAVENS-WAY WILD JOURNEYS?

Why do you want to attend this class?

TOTAL TUITION PAYMENT ENCLOSED \$ _____