

Registration Form – Due Mon. Sept 28, 2009!

“MAGIC”

State Arts-In 2009

Retreat

October 2 – 4, 2009

Send to: Tamara Borchardt
Extension Center for Youth Development
200 Oak St. SE, Ste. 270B
Minneapolis, MN 55455-2022
OR FAX to: 612-624-6905

NAME: _____ MAJOR: _____

1. *If you are able to stay the entire weekend:*

_____ Yes! I will be at the October 2 – 4 State Arts-In Retreat

_____ Yes! I will arrive by 7 PM on Friday, October 2 and stay until after the 11:30 am performance on Sunday, October 4.

_____ Yes! I have enclosed my \$15 registration fee.

2. *If you are not able to stay the entire weekend:*

_____ No, I cannot be at the entire retreat. I will be able to attend on the following dates/times:

_____ Yes! I have enclosed a signed housing release form because I am not staying at the 4-H building one or more nights.

_____ Yes! I have enclosed my \$15 registration fee.

3. ***We do need parent help to clean up the 4-H building when we have finished our last performance.***

My parent/parents can help with clean up. They would prefer to help with:

_____ First floor bathrooms.

_____ First floor seating area.

_____ Second floor cafeteria.

_____ Second floor south half of building.

_____ Third floor sleeping area.

_____ Third floor showers/sinks.

_____ Third floor bathroom area.

Parent Name(s): _____ Phone/Email: _____