

2020 WORKSHOP REGISTRATION FORM - OGS

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ email: _____

Friday AM (9am - Noon) (FAM)

1st Choice: _____ \$ _____
2nd Choice: _____ \$ _____

Friday PM (1 - 5 pm) (FPM)

1st Choice: _____ \$ _____
2nd Choice: _____ \$ _____

Saturday AM (9 – Noon) (SAM)

1st Choice : _____ \$ _____
2nd Choice: _____ \$ _____

Saturday PM (1 – 5 pm) (SPM)

1st Choice: _____ \$ _____
2nd Choice: _____ \$ _____

Total Payment (Payment for 1st Choices only) \$ _____

Make checks payable to: Ohio Gourd Society. You will be notified if class fees change in the event a 2nd choice class is scheduled. Please register early, as class sizes are limited. Email your registration questions to Nelson Litzenberg at jn.litzenberg@gmail.com. **Please watch the OGS website for last minute changes, or announcements.** Classes may be canceled if the class sizes are too small.

Send registration form and payment to:

**Ohio Gourd Society Workshops
Attn: Nelson Litzenberg
6863 Tucker Road
Centerburg, OH 43011**