



REGISTRATION FORM

Course or Workshop _____

Name _____

If under 16, Parent Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Total Enclosed \$ _____

Payment method: _____ Cash _____ Check (Treasurer of VT) _____
Credit Card (Fill in below)

Name on Card _____

Card Number _____ Exp. Date _____

Type of Card _____ CVV _____

Signature _____

Mail registration to: Reynolds Homestead, 463 Homestead Lane, Critz, VA 24082
Questions or more information: 276-694-7181

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