

**Seasons in the Sunn Farms
Event Form**

Name _____
Email _____
Billing Address _____
City, State _____
Zip Code _____

Date _____
Phone _____
CC MC Visa Discover
CC # _____
Exp _____ CCV# _____

Please reserve my spot in the following event/class:

Event/Class: _____ **Date:** _____

Names of Attendees:	Cost	Total
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Event/Class: _____ **Date:** _____

Names of Attendees:	Cost	Total
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your credit card will be charged once. NO REFUNDS ON CLASSES OR EVENTS. Space can be given to someone else.
Email seasonsinthesunfarms@aol.com with the name and number of person attending.

Signature _____

Date _____