Haystack Mountain School of Crafts

2010 SUMMER CONFERENCE APPLICATION

Payment must accompany your signed application. Mail application to Haystack, P.O. Box 518, Deer Isle, ME 04627-0518, or fax to (207) 348-2307. Please do not email your application.

Name: ____

Address: ____

Phone: ____

☐ Male ☐ Female

Email: ____

Next of Kin/Relationship/Phone: ____

Accommodation 1st Choice: ____

Accommodation 2nd Choice: ____

Have you attended Haystack before? ☐ Yes ☐ No

If so, when? ____

If you have a disability, special, or medical needs, please indicate the nature of these:____

Age (for housing purposes): ____

Please enclose full payment for the conference with this application ($335 plus your housing fee).

☐ Enclosed is my check *(please make check payable to Haystack)*

☐ Charge to my ☐ **VISA** ☐ **MASTERCARD** ☐ **DISCOVER**

Expiration Date: ____ Card Number: ____

Name of Cardholder: ____

Signature of Cardholder: _____

Applications are processed on a first-come, first-served basis. There is a full refund for cancellations by June 26. No refund after that date.

Participants must be at least 18 years old.
If you have any questions, call Haystack at (207) 348-2306.
Haystack Mountain School of Crafts, PO Box 518, Deer Isle, ME 04627

Office Use:

Received _____ Cabin _____

Sent Information _____