

BOLAD'S KITCHEN: NEW CLASS!
THE NEW SPROUTS: "HOPE WITH DETAILS"
2009 REGISTRATION - 2 PAGES

BOLAD'S KITCHEN SCHEDULE

SESSION TWO: JUNE 25 – JULY 5, 2009

"TEACHINGS OF THE BUTTERFLY HOUSE: PART 1" THE INVISIBLE WING

PLEASE PRINT BOTH PAGES AND SEND IN WITH YOUR REGISTRATION DEPOSIT

NAME:.....

STREET:.....

CITY:..... STATE:..... ZIP:.....

HOME PHONE:.....

WORK PHONE:.....

E-MAIL.....

PLEASE REGISTER ME FOR BOLAD'S KITCHEN, THE NEW SPROUTS, SECOND SESSION:

___ JUNE 25 – JULY 5, 2009 "TEACHINGS OF THE BUTTERFLY HOUSE: PART 1" THE INVISIBLE WING

TUITION **DOES NOT** INCLUDE FOOD AND LODGING.

THE COST IS \$850 FOR THE SESSION, \$1250 FOR THOSE WHO CAN. A \$250 NON-REFUNDABLE DEPOSIT IS DUE WITH REGISTRATION BY FEB 15TH. THE BALANCE OF THE TUITION, \$600 OR \$1000 IF YOU CAN, IS DUE BY APRIL 20, 2009.

AFTER MAY 1ST, 2009 ALL TUITION AND REGISTRATION FEES ARE NON-REFUNDABLE. REGISTRATIONS ARE WELCOME UNTIL THE CLASS FILLS, WHATEVER DATE THAT MAY BE.

___ I HAVE READ AND UNDERSTAND THE REFUND POLICY STATED ABOVE. (PLEASE MARK OR INITIAL)

IF YOU WOULD LIKE TO DONATE TO THE SCHOLARSHIP FUND OR TO GIVE MONEY TO MAKE IT POSSIBLE FOR BOLAD'S KITCHEN TO BUILD A LIBRARY, CHILDREN'S LEARNING PALACE, HOUSING AND RITUAL/FARMING AREA ACCORDING TO MARTÍN'S DREAM, PLEASE CONTACT MARIANNE LUST AT MARIANNE@GMAVT.NET OR (802)453-2960.

I WOULD LIKE TO DONATE \$_____ TO THE SCHOLARSHIP FUND.

PAYMENT METHOD - SEE NEXT PAGE

PAYMENT METHOD

ENCLOSED IS A CHECK FOR \$ _____

PLEASE MAKE YOUR CHECK PAYABLE TO BOLAD'S KITCHEN.

**IF YOU ARE SENDING THE \$250 DEPOSIT THE REMAINING
BALANCE OF \$600, OR \$1000, IS DUE BY APRIL 20TH, 2009.**

-WE ACCEPT VISA AND MASTERCARD, AMERICAN EXPRESS AND DISCOVER-

CHARGE MY CREDIT CARD FOR \$ _____

**IF YOU ARE CHARGING THE \$250 DEPOSIT PLEASE CIRCLE THE REMAINING BALANCE TO BE
CHARGED TO YOUR ACCOUNT ON APRIL 20TH, 2009: \$600 OR \$1000**

CARD ACCOUNT # _____

EXP. DATE _____

SIGNATURE _____

IF SENDING A CHECK, SEND TO:

**BOLAD'S KITCHEN
PO Box 338
OJO CALIENTE, NM 87549**

IF USING MASTER OR VISA CARD:

SEND TO ADDRESS ABOVE AND/OR SEND FAX TO 505-583-9103