

WEFT Registration Form

Name _____

Relation to Waldorf if any: _____

Address _____

City, State, Zip _____

Phone(s) _____ Email _____

I am registering for the following workshop(s):

Title	Date(s)	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total _____

Enclosed is my payment of \$ _____

Checks should be made out to **Great Lakes Teacher Training**
and mailed to:

**GLTT c/o Lori Barian,
W2811 Friemoth Rd.
East Troy, WI 53120**

Confirmation of registration, including room #, will be sent to your email address if provided.

How did you find out about these events? _____