

# *Circles of Air, Circles of Stone*

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## Registration Form

(Please mail, along with your deposit, to the address below)

Program: \_\_\_\_\_

Location and Dates: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Email: \_\_\_\_\_

Website: (if applicable) \_\_\_\_\_

Gender:     female     male            Age: \_\_\_\_\_

Where did you first hear of us? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Circles of Air and Stone**  
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