



Crones' Cradle Conserve  
PO Box 535  
Orange Springs, F L 32182  
(352) 595-3377 F ax: (352) 595-7837

### Registration Form

Class/Workshop/Forum \_\_\_\_\_ Date \_\_\_\_\_

Fee \_\_\_\_\_ Materials fee \_\_\_\_\_ Amount Paid \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

In case of Emergency contact \_\_\_\_\_

Special Needs \_\_\_\_\_

Serious Medical Conditions we should know about \_\_\_\_\_

### RELEASE

I, \_\_\_\_\_, release Crones' Cradle Conserve, CCC employees and related personnel, from any liability due to accident, injury or physical trauma incurred at or on the grounds of Crones' Cradle Conserve.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this completed form with your check, made payable to:

*Jeri Baldwin*  
Crones' Cradle Conserve  
PO Box 535  
Orange Springs, FL 32182