

Received _____
Enclosed \$ _____
Entered _____
by _____
c/c _____
CK # _____
by _____



Ghost Ranch Abiquiu / 505.982.8539 ext. 213 www.ghostranch.org
Mail to: Registrar; Ghost Ranch; HC77 Box 11; Abiquiu, NM 87510

Name _____

M F Check if your address has changed since your last visit

This will be my first visit to Ghost Ranch.

Home Address _____

City _____ State _____ Zip _____

Day Phone () _____ Cell Phone () _____

E-mail _____

School Name _____

School Address _____

City / State / Zip _____

School Phone () _____

Age: _____

1st choice: Course Title _____

Course # _____

2nd choice: Course Title _____

Course # _____

Jan Term 2011 Ghost Ranch in Abiquiu

Transportation:

I need transportation from Albuquerque airport (shuttle departs at 2:30 P.M.)
 \$40 one way \$70 Round Trip

Transportation Fees (must be paid for at the time of registration) Fee \$ _____

Registration Fee (must be paid for at the time of registration) Fee \$ 650.00

Room & Board (\$1200 must be paid for by December 1, 2010) Fee \$ _____

Lab & Materials Fees (must be paid for by December 1, 2010) Fee \$ _____

Activity Fee (must be paid for by December 1, 2010) Fee \$ 50.00

Black and White Landscape Photography — A111 / Materials fee: \$325

Painting Intensive — A112 / Materials fee: \$75

Intro to Silversmithing in the Southwest Tradition — A113 / Materials fee \$150

Southwest Pottery / A114 / Materials fee \$100

Contemporary Illustration in a Cartooning Style / A115 / Materials fee \$50

Museum Studies / A116 / Materials fee \$25

Weaving in the Southwest Tradition / A117 / Materials fee \$100

Outdoor Adventures / O111 / Materials fee \$100

Service Learning in the Southwest / C111 Materials fee NA

Earth Arts / C112 / Materials fee NA

An Inner Journey: Still the Mind, Open Your Heart / H111 / Materials fee \$100

Creative Writing / W111 / Materials fee \$25

Sacred Places in Southwest Literature / W112 / Materials Fee \$25

Please find enclosed: Balance Due by Dec. 1 \$ _____

Check / Money Order

Visa/MC # _____

Exp. date: ____/____

Name Printed _____

Signature _____

Housing/Disability Accommodations _____

Allergy/Dietary Considerations _____

**I wish to room with: _____
who is registering separately.