

**Essential Skills Outdoor School Registration Form
433 W. Maple St. Viroqua, WI 54665**

Name(s) of Participants _____

Name of Guardian or Parent (if applicable): _____

Address: _____

City, State and Zip _____

Telephone: H _____ W _____ Cell: _____

E-mail: _____

Program Name(s) and Date(s): _____

I have read the registration details and agree to them. Circle: yes no

Signature of Participant(s): _____

Guardian signature (if applicable): _____

Amount enclosed or charged to credit card: _____ Amount Due: _____

Checks payable to ESOS, LLC.

Mail to: 433 W. Maple St. Viroqua, WI 54665

Phone:(608) 606-9004

Credit Card Payments

Visa MasterCard

Card Number: _____ Expiration Date: _____

Name as it appears on card: _____

Signature: _____