



Winter Get-away

Name(s) _____

Address _____

City & zip _____

Phone _____

Email _____

Do you have a special talent or hobby you would like to share? _____

Cabin preference: Single Couple

Registration fee : \$175 per person

Payment method: Check# _____ Credit Card – Mastercard, Visa or Discover accepted

Card # _____ expiration date _____ CVN Code _____

Signature _____

Special requests: _____

Mail registration to: Mounds View Public Schools –
Attn: Barb Montero
4570 Victoria St N, Shoreview MN 55126