

Big Island Rendezvous Education Days

*******Change of Status Form*******

Use this form to make changes to your original registration

The Change of Status Form for reduction of attendee's must be received before September 10th to avoid a penalty fee. Any changes made after September 10th, must pay for all registered students plus any additional students.

*Name of School: _____

*School Address: _____

City State Zip

*Contact Person: _____

*School Phone: _____ *Cell or Home Phone: _____

*Required Information

Our school has already registered for Big Island Rendezvous Education Days, but wishes to make the following changes:

Original _____ New _____

Number of Students Attending _____

Number of Adults Attending _____

Day attending _____

Arrival Time _____

Departure Time _____

If you have any special needs for any student, please contact us as soon as possible so that we may accommodate your group as needed.

Please complete this form and return it to: Big Island Rendezvous Education Days, 1725 West Main Street, Albert Lea, MN 56007 Fax number is 507.373.0344. Forms are accepted by mail, fax or email to pvining@smig.net if you have any questions, or would like more information about Big Island Rendezvous Education Days, please contact Perry Vining at 507-402-6371 or email the question to: pvining1798@gmail.com

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