

Hakone Daichakai Registration Form

Name of Participant: _____

Telephone Number: _____

Name of Tea school you practice: _____

Tea preferences*

1st _____ 2nd _____
3rd _____

Special Requests*:

Fee: \$50.00

*Please let us know if you wish to have a vegetarian bento, have difficulty sitting and would prefer ryurei seki only, preferences for schools of tea you would like to attend or other seating preferences. We will attempt to accommodate all requests but, with the exception of the vegetarian bento, cannot make guarantees.

Please send this form along with your check made payable to the **Hakone Foundation** to:

**Hakone Daichakai c/o John Larissou
2651-25th AVE
San Francisco, CA 94116-2904**

Please, no later than **Oct. 10, 2008**.