



Registration 2020-21

October 15th-March 4th 9:00-11:00 A.M.
Mohave Community College Bldg. 600

Name: _____ Date _____

Home Phone: () _____ Cell Phone: () _____

Address: _____ City _____ State _____ Zip _____

Email: _____

Is the above address a change of address? Yes No

Summer address/phone number if different from above:

_____ Phone: () _____

Birthday (m/d) _____ Church Affiliation: _____

Husband's name if applicable: _____

Please check the appropriate boxes below:

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> 19 & under | |
| <input type="checkbox"/> 20-30 | <input type="checkbox"/> Married |
| <input type="checkbox"/> 31-40 | <input type="checkbox"/> Single |
| <input type="checkbox"/> 41-50 | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> 51-60 | <input type="checkbox"/> Separated |
| <input type="checkbox"/> 61-70 | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> 71-80 | |
| <input type="checkbox"/> 81+ | |

Tell us a little about yourself:

Registration is a non-refundable fee of **\$30**. The fee pays for all room, class material, and fees. Please make your check payable to **Cynthia Prieskorn** and mail to: 3025 Oro Grande Blvd. Lake Havasu City, AZ 86406. **Scholarships** are available upon request.

I would like to sit with: _____

Are you interested in participating in one of our WOW serving opportunities? Yes No

Office Use Only

Rec'd. _____ Amount Paid \$ _____ Cash Check

_____ Scholarship \$ _____ Table # _____