

Registration 2022-23

October 13th-March 2nd 9:00-11:00 A.M. Mohave Community College 1977 W. Acoma Blvd., Bldg. 600

Name:		Date
Home Phone: ()	Cell Phone:	()
Address:	City	State Zip
Email:		
Is the above address a change of add	ess? □ Yes □	No
Summer address/phone number if di	ferent from above:	
	Pho	one: ()
Birthday (m/d) Church Affiliation:		
Husband's name if applicable:		
Please check the appropriate boxes b 19 & under 20-30	elow:	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: ☐ I am doing the study online.		
Are you interested in participating in	one of our WOW serv	ving opportunities? □ Yes □ No
Office Use Only		
Rec'd	Amount Paid \$	
Scholarship \$ Ta	ble #	