



# Registration 2023-24

October 12th - February 9th 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 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 : \_\_\_\_\_

- ☐ I am doing the study online.  
☐ I would like my workbook unbound.

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 # \_\_\_\_\_