



# Registration 2024-2025

October 17th-February 13th 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:

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Birthday (m/d): \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Husband's name, if applicable: \_\_\_\_\_

Please check the appropriate boxes below:

- 19 & under
- 20-30  Married
- 31-40  Single
- 41-50  Divorced
- 51-60  Separated
- 61-70  Widowed
- 71-80
- 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 # \_\_\_\_\_