



Registration 2025-2026

October 16th-February 5th - 9:00-11:00 A.M.

Mohave Community College - 1977 W. Acoma Blvd., Bldg. 600

Name: _____ Date: _____

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

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Is the above address a change of address? ☐ Yes

Summer Address: _____ City: _____ State: _____ Zip: _____

☐ Please mail the study to my summer address.

Birthday (m/d): _____ Church Affiliation: _____

Husband's name, if applicable: _____

Please check the appropriate boxes below:

☐ 19 & under

☐ 20-30

☐ 31-40

☐ 41-50

☐ 51-60

☐ 61-70

☐ 71-80

☐ 81+

☐ Married

☐ Single

☐ Divorced

☐ Separated

☐ Widowed

Tell us a little about yourself:

Registration is a non-refundable fee of **\$50**. The fee pays for all room, class materials, 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.

☐ I would like to be added to the WOW Prayer Chain.

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 # _____