Registration **2026-2027**

October 15th -February 25th 9:00-11:00 A.M.
Mohave 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 covers all the room rental, class materials, and fees. Please make your check payable to **Cynthia Prieskorn** and mail it 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 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 #*_____