

SOAL REGISTRATION FORM
(Please return by Friday, March 9, 2018)

NAME _____ PHONE # (____) _____

EMAIL _____

ADDRESS _____

CITY & ZIP CODE _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

Please register for courses by inserting the capital letter of each course you wish to take. Second choices are in the event the first choice may be full or need to be cancelled.

Session 1	Session 2	Session 3
9:00 am—10:15 am	10:30 am—11:30 am	12:30 pm—1:45 pm
1st Choice: _____	1st Choice: _____	1st Choice: _____
2nd Choice: _____	2nd Choice: _____	2nd Choice: _____

WILL YOU BE ATTENDING LUNCH? YES ____ NO ____

Are you willing to help set the tables for lunch?

YES ____ Preferred Date _____

Are you willing to help clean up after lunch?

YES ____ Preferred Date _____

Are you willing to bring a dessert for lunch?

YES ____ Preferred Date _____

If you have any questions, or would like to be removed from our SOAL mailing list, please call us at 251-0897.