

Adventures in Learning Registration Form

Fall Session, Thursdays, October 5 through November 9, 2017

If you need additional copies of this form, such as for friends, simply copy this one or contact the Shepherd's Center office, Phone (316)721-2208.

Name _____ Ph. # _____ I'm new ____ I'm back ____
Last First Cell # _____

Spouse _____ Ph.# _____ I'm new ____ I'm back ____
(if registering) Last First Cell# _____

Address _____ City _____ St. _____ Zip Code _____

E-mail address _____

Name of your Church _____ (optional)

How did you hear about Shepherd's Center?

Church ____ Friend ____ Newspaper ____ Other _____

In case of emergency please notify:

(REQUIRED each time you register—we do not keep information on file.)

Name _____ Phone _____

Name _____ Phone _____

Doctor _____ Phone _____ Preferred Hospital _____

ADVENTURES IN LEARNING FEE - \$40

Fee is non-refundable

Paid Lunch Reservations due by Noon, Oct. 2 for the 1st Thursday

Number of registrations ____ x \$40 - _____

Number of luncheons ____ x \$9 each - _____

Week 1st ____ 2nd ____ 3rd ____ 4th ____ 5th ____ 6th ____

Tax-Deductible Donation to Shepherd's Center of West Wichita - _____

Shepherd's Center of West Wichita is a non-profit 501(c)(3) organization.

Donations to Adventures in Learning Scholarship Fund - _____

Total - _____

Mail completed registration form and check made payable to:

Shepherd's Center of West Wichita

745 N. Westlink, Wichita, KS 67212

Note: If you're interested in the following afternoon classes, please check the appropriate blank so that adequate arrangements can be made and if there's a supply list, we can send it to you.

Woodcarving Bridge Knitting Writing

If you are willing to volunteer in any of the following positions, please check the blank
 Provide Snacks Greeter Coffee Café Setup Coffee Café Clean up Lunch Buffet Setup