

SCRIBES OF CENTRAL FLORIDA WORKSHOP/CLASS REGISTRATION FORM
PLEASE PRINT

YOUR name: _____

Home address _____

City _____ ST _____ Zip _____

Email address: _____

Day Phone: _____ Eve Phone: _____

Cell Phone: _____ Work Phone: _____

What Workshop(s) are you interested in? _____

Date(s) _____

Instructor's Name: _____

Name of Class 1 _____

Name of Class 2 _____

Name of Class 3 _____

Are you a member of Scribes of Central Florida? _____

If you are not a member and would like the Member discount price, you may join the guild and then be eligible for the lesser price. Do you want to join? _____

Membership: \$25 Regular Membership, \$20 Senior membership (55+)

If you are joining, please note the breakdown for your check _____

If you are a new member, we will send you a Welcome Packet soon after we receive your check.

Questions on the Workshop? Contact workshop Chairman, Linda Ross: LdrJer@bellsouth.net

To assure there is still room available in the desired workshop you are requesting, it would be best to email Linda Ross and tell her you would like to send your check in; also so she can be watching for your registration and check.

Make check payable and mail to:

The Scribes of Central Florida
P. O. Box 1753
Winter Park, Florida 32790