| Actlikealady/ C.C.O.R.E. registration Form | | |
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| Registrant Information | | |
| Which workshop are you registering for? | | |
| ActLikeALady Worshop (ages 13 & up) C.C.O.R.E. Worshop (ages 18 & up) | | |
| Name: | | |
| Date of birth: | Age: | Phone: |
| Current address: | | |
| City: | State: | ZIP Code: |
| Emergency Contact (if under 18) | | |
| First and Last Name: | | |
| Address: | | Phone: |
| City: | State: | ZIP Code: |
| Relationship: | | |
|  | | |
| Church Affiliation (if applicable: |  |  |
| Were you referred? | Name of referral: |  |
|  |  |  |
| Signatures | | |
| I authorize the verification of the information provided on this form to be honest and accurate. | | |
| Signature of registrant: | | Date: |
| Signature of Parent/Guardian (requires for ages 17 and under): | | Date: |