

“Walking the Pathways of Our Ancestors through the Arts”

Registration form for LLTC Extension & Community Outreach Workshop

Name of Workshop _____

Date(s) of workshop you are registering for: _____

Registrant’s Information: Confirmed Attendance: YES NO Date: _____

Name

Phone number

Email

Mailing Address:

**LLTC Extension Office will contact you to confirm your attendance to the workshop.
Please complete a new registration form for each class you wish to register for.*

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