



OASIS Registration Form - Fall 2017



LAST NAME _____ FIRST NAME _____ Volunteer? _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ CELL PHONE (____) _____

EMAIL _____ DO YOU NEED AN OASIS NAMETAG? _____

DO YOU NEED AN OASIS NAMETAG? _____ WOULD YOU LIKE LUNCH ON THE 1ST DAY? _____ (\$5.00 Optional)

Enter Class #'s
You Would Like
to Attend

{	Morning Classes:	_____	_____	_____	_____
	Afternoon Classes:	_____	_____	_____	_____
	Saturday Workshops:	_____	_____	_____	_____

Please list alternate classes in case your preferred class is full or cancelled:

1st alternate _____ 2nd alternate _____

Registration Fee: \$25.00 + class fees (if applicable) TOTAL AMOUNT Enclosed \$ _____ Ck# _____

Mail Registration to: OASIS / First Methodist Church / 938 Hwy 515W / Blairsville GA 30512



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