



# OASIS Registration Form - Fall 2018



LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ Volunteer? \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

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

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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