



**Your Language Connection**

## Registration Form

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Class/Camp	Day/Date	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's Name	Age	Birthday
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about us? \_\_\_\_\_

**Make checks payable to Your Language Connection and mail this completed form and payment to PO Box 7374 Lancaster, PA 17604.**