
REGISTRATION FORM

Name: _____ E-mail _____
Business or School: _____ School District _____
Home Work Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Cell Phone #: _____ Wk Phone #: _____
Method of Payment: Check Please make checks payable to Scottish Rite Learning Center of West Texas
Credit Card: Visa MasterCard Discover American Express
Card # _____ Expiration Date: _____ VPN # _____

Return Form and Fee by January 31, 2020 to:

The Scottish Rite Learning Center of West Texas
ATTN: Debbi Casteel
1101 70th St.
Lubbock, TX 79412

NO REFUNDS AFTER JANUARY 31, 2020

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| FOR OFFICE USE ONLY: Date Rec'd. _____ Payment Method: Ck # _____ CC Approval # _____ PO # _____ Registration Confirmation Sent _____ CC Receipt mailed _____ Statement Sent _____ Name Tag _____ ADDRESS CHECK LISTS: RSVP _____ Master List _____ R'Yr' _____ TTR _____ Newsletter _____ CP _____ PP _____ |
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