

Fall Adventures in Learning registration form

Please mail the registration form and your check to **The Shepherd's Center of Charlotte, P.O. Box 6052, Charlotte, NC 28207** by **Tuesday, September 23**. Checks are payable to **The Shepherd's Center of Charlotte**. After September 23, please register on the first day of class (September 29) or hand-deliver your registration to The Center by **Thursday, September 25**.

2008 Fall Adventures in Learning Today's Date _____
 Have you attended Adventures in Learning before? _____ Phone: _____
Congregation: _____
 Name _____ (Preferred name on nametag) _____
 Address _____ City _____ State _____ Zip _____
 E-Mail _____
Registration Fees:
 Tuition: \$24.00 in advance for all 6 weeks, or \$26.00 at the door \$ _____
 Pre-paid lunch: \$7.50 per week (\$45.00 for all 6 weeks or check specific dates below) \$ _____
 9/29 10/6 10/13 10/20 10/27 11/3
 Contribution toward printing and mailing the Fall newsletter: \$ _____
Total Amount Enclosed: \$ _____
Courses Requested:
 Morning Course: _____ 2nd Choice: _____
 Afternoon Course: _____ 2nd Choice: _____

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The Shepherd's Center of Charlotte, Inc. **Fall 2008 Volunteer Response Form**
 Name: _____ Phone: _____ Congregation: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____
Shepherd's Center Programs: Yes, I am interested in volunteering for one or more of the following programs:
Medical Transportation Handyman Office Assistance Medicare/SHIIP
Grocery Transportation Computer Instruction Tax Assistance
Adventures in Learning: Yes, I am willing to say an interfaith blessing at lunch during this session.
Adventures in Learning: Yes, I am interested in teaching a course for a future session.
 My topic would be: _____