

Adventures in Learning registration form

Please mail the registration form and your check to **The Shepherd's Center of Charlotte, 3115 Providence Rd., Charlotte, NC 28211** by **Tuesday, April 6**. Checks are payable to **The Shepherd's Center of Charlotte**. After April 6, please register on the first day of class (April 12) or hand-deliver your registration and check to The Shepherd's Center by **Thursday, April 8**.

Spring 2010 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: \$35.00 in advance for all 6 weeks, or \$38.00 at the door \$ _____
 Pre-paid lunch: \$5.00 per week (\$30.00 for all 6 weeks or check specific dates below)
 4/12 4/19 4/26 5/3 5/10 5/17 \$ _____
 Contribution toward printing and mailing the Spring 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. **Spring 2010 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 the **Summer 2010** series.
 My topic would be: _____