

**Registration Form**

Class Title(s)

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Name of Registrant Age (if child)

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Address

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City State Zip

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Phone e-mail Address

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Amount Enclosed (Make checks payable to LCCC)

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Credit Card: \_\_\_\_\_ Visa \_\_\_\_\_ MC

Card Number \_\_\_\_\_ Exp. Date

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Signature

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Send to : LCCC  
PO Box 883  
Leland MI, 49654