



**Women of Beechtree, Limited  
The “Power of Your Voice” Workshop  
Registration Form**

Name:

Address:

Email Address:

Telephone Number:

Age:

Can you attend the workshop on both days? (September 24<sup>th</sup> and October 1<sup>st</sup>)

\_\_\_\_ Yes      \_\_\_\_ No

Do you have any hobbies?

Why are you interested in attending the workshop?

How did you hear about the workshop?

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Parent Name:

Parent Telephone Number:

Send completed form to [hello@womenofbeechtree.org](mailto:hello@womenofbeechtree.org)

**Note:** The workshop is open to Beechtree residents ONLY.