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**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 24th and October 1st)

\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any hobbies?

Why are you interested in attending the workshop?

How did you hear about the workshop?

Parent Name:

Parent Telephone Number:

**Send completed form to** **hello@womenofbeechtree.org**

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