



2019 ZAOM Youth Connection (YC)
Religion Class Registration Form

Family's last name: _____

Children's first name & age _____
(Under 18*) _____

Address: _____

Phone #: _____ Email address: _____

Mother's first name: _____ Cell phone #: _____

Father's first name: _____ Cell phone #: _____

Are you a member of ZAOM _____ (yes/no)

Cost:

ZAOM members:

Per student \$ 20.00

Per Family (two or more students) \$ 30.00

Non-ZAOM members:

\$ 40 per student \$ _____

Total (ZAOM members add total amount to membership form & write 1 check) \$ _____

For non-ZAOM members, please make checks payable to ZAOM and mail with form to:

ZAOM Treasurer: Homyar Naterwala, 48433 Ten Mile Road, Novi, MI 48374

I GIVE permission for my child/children's **name, photograph or work** to appear on ZAOM's website, zaom.org, newsletter and *any other materials including but not limited to* fundraising brochures etc.

I will note the class dates and support them

Parent signature and date

* High School children who are older than 18 years are eligible