

PLEASE REGISTER ME FOR THE FOLLOWING:

- 1) _____ class/trip _____ # of people \$ _____ each
- 2) _____ class/trip _____ # of people \$ _____ each
- 3) _____ class/trip _____ # of people \$ _____ each

I have enclosed a check in the amount of \$ _____ TOTAL

In order to receive advance notice about classes and trips, please provide us with your email address. Also, PLEASE provide at least one (1) telephone number so we may call you in case of cancellation or delays. If you are registering multiple individuals and we call you to cancel or delay, it is your responsibility to communicate this information with those you have registered.

Name: _____

Address: _____

City: _____ State _____ Zip Code: _____

Home Telephone Number: _____

Work Telephone Number: _____

Cell Phone Number: _____

Email Address: _____

Full Names of all passengers/attendees you are registering:

PLEASE SEND YOUR CHECK MADE OUT TO "TVCEF" IN THE FULL AMOUNT TO:

TVCEF Class Coordinator
C/O Twin Valley School District
4851 N. Twin Valley School District
Elverson, PA 19520

ABSOLUTELY NO REGISTRATIONS WILL BE ACCEPTED WITHOUT THIS SIGN UP SHEET