

# Class and Workshop Registration

To register for classes and workshops, please mail this form with payment to :

## Crossings

8505 Fenton Sreet, Suite 202  
Silver Spring, MD 20910

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Please register me for the following group/workshop/class:

**1. Group/Workshop/Class** \_\_\_\_\_

Start Date and Time \_\_\_\_\_

Cost \_\_\_\_\_

**2. Group/Workshop/Class** \_\_\_\_\_

Start Date and Time \_\_\_\_\_

Cost \_\_\_\_\_

**TOTAL enclosed:** \_\_\_\_\_

*Please make checks payable to Crossings Education.*