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SAT Prep Registration

Please complete and send with payment to address above.

Date: _____

Participant Name (first, middle, last): _____

Address: _____ **Phone:** _____

_____ **Email:** _____

High School (if applicable) : _____

Any special needs: _____

Sat. 4/1 9:00-1:00*	Wed. 4/5 6:00-9:00
Sat. 4/8 9:00-1:00	Wed. 4/12 6:00-9:00
Sat. 4/15 9:00-1:00*	Wed. 4/19 6:00-9:00
Sat. 4/22 9:00-1:00	Wed. 4/26 6:00-9:00
Sat. 4/29 9:00-1:00*	Wed. 5/3 6:00-9:00

Payment Options

Enclosed Check Amount: \$ _____

Enclosed Cash: \$ _____

Credit Card Payment:

Visa / Mastercard / Discover

Name on Card: _____

Number: _____

CVV: _____ Expiration Date: _____

Signature: _____

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