



FALL 2020 ASL CLASS REGISTRATION FORM

Name (print): _____ Phone #: _____ VP Voice TTY

Address: _____

E-mail: _____

Registering for: ASL Level 1 ASL Chat **Paying by (circle one):** Check Money Order Cash App

Are you a Return Student? Yes No ***If yes***, previous ASL Class Level taken: ASL 1 ASL 2

Did you refer a friend? ***If yes***, who? _____

Did you register 3 staff/students from the same agency/organization/school?

If yes, who? _____

How did you hear about our ASL classes (circle one)?

CLW Flier CLW Staff Facebook CLW Newsletter CLW Website Other: _____

Do you receive fliers from CLW (circle one)? Yes No ***If no***, would you like to (circle one)? Yes No

Are you Deaf, Hard of Hearing, DeafBlind, or Late-Deafened? Yes No

If yes, please circle one: Deaf Hard of Hearing DeafBlind Late-Deafened

FULL PAYMENT (check, money order, or Cash App) MUST BE received by CLW BEFORE the first class.

Checks/Money Orders MUST BE PAYABLE TO: CLW

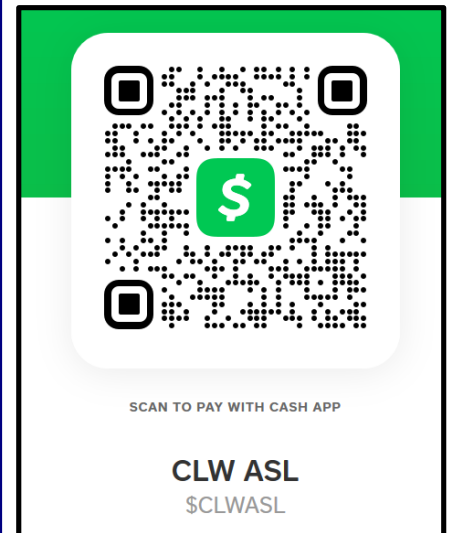
Mail your registration AND check/money order to:

Joan Philip, DHILS Program Director – ASL Class
 CLW, 484 Main Street, Suite 345, Worcester, MA 01608

EMAIL your registration to: Denise at dparo@centerlw.org

 **Cash App** [https://cash.app/\\$CLWASL](https://cash.app/$CLWASL)

DISPLAY NAME: CLW ASL \$CASHTAG: \$CLWASL



CLW ONLY:	PAYMENT	Date:	Receipt sent:
		Amount:	Comments:
		Type:	
		Cleared:	