



### SPRING 2022 ASL CLASS REGISTRATION FORM

Name (print): \_\_\_\_\_ Phone #: \_\_\_\_\_ VP Voice TTY

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

I am registering for: Conversational ASL                      Paying by (circle one): Check                      Money Order

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 or money order) 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 Director – ASL Class**  
CLW, 484 Main Street, Suite 345, Worcester, MA 01608

**EMAIL your registration to: Denise at [dparo@centerlw.org](mailto:dparo@centerlw.org)**

<b>CLW ONLY:</b>	<b>PAYMENT</b>	Date:	Receipt sent:
		Amount:	Comments:
		Type:	
		Cleared:	