

## Registration Form for SCLFCCA Sponsored Training

Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ MN \_\_\_\_\_

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

Business Name \_\_\_\_\_

\_\_\_\_\_ Helper, Second Adult or Substitute for \_\_\_\_\_ (provider)

Member of SCLFCCA?      \_\_\_\_\_ Yes      \_\_\_\_\_ No      County \_\_\_\_\_

Trainings you are registering for:	Date	Cost
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4 _____	_____	_____

I would like to become a member of the SCLFCCA.

\_\_\_\_\_ \$ 25.00 New/Expired Member

\_\_\_\_\_ \$ 20.00 renewal of **current** membership

Please make check payable to **SCLFCCA**. Send check and registration to:

**Michelle Herzog**  
**3110 173<sup>rd</sup> St., Jordan, MN 55352**

For SCLFCCA use only: Check # \_\_\_\_\_ Training \_\_\_\_\_ Membership \_\_\_\_\_ Date Received \_\_\_\_\_