

Registration Form

Name _____

Address: _____

Street or P.O. Box

City, State, zip code

Contact _____

tel #, indicate Home or Cell

email address

Class you are pre-registering for: _____

Presenter's Name _____ Date of Class _____

Payment enclosed: Deposit Amt. _____ Payment in Full _____

Mail to: Universal Unity of Spirit
PO Box 371
Cassadaga, NY 14718

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