



2017-2018 WWP Registration Form

First Name	
Last Name	
Street Address	
City, State, Zip	
Preferred method of Contact	
Email Address	
Mobile Phone	
Emergency Contact Name/Phone #	
Please Star one of the three choices below:	
A) First Time attending WWP, start foundation study.	<p>“Opening Your Heart” \$40 PMT:</p> <p>Checks Payable to “Our Lady Star of the Sea”</p>
B) Attended last year, but want to repeat the same course again.	<p>“Opening Your Heart” \$40 PMT:</p> <p>Checks Payable to “Our Lady Star of the Sea”</p>
C) Have completed first course, and want to do new course offered.	<p>“Touching the Divine” \$40 PMT:</p> <p>Checks Payable to “Our Lady Star of the Sea”</p>