

**SOUTH CENTRAL REGION GROUP CORRESPONDANCE COURSE
REGISTRATION FORM**

Name: _____
(please print)
Street: _____

City: _____ State, Zip _____

Phone: _____ Email: _____

Note: Communication will be by email. Phones will only be used in desperation.

Chapter: _____ Member #: _____

GCCs Choice: _____

Check #/amount: _____

If signing up for more than one course, please fill out a separate check and form for each course. Please make your check(s) out to SCR and put which class in the memo line.

If you have any questions, feel free to contact me, email is best.

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