

Lodge Leadership/House Committee Training Registration Form

Part I: LLHC Class Information

Class Location: _____

Class Date & Time: _____

Part 2: Student Information(use additional sheet if more than 9):

	Name:	M.I.D.	Lodge:	Office
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____

Please complete this form for the class you or your group would like to attend.

This class is \$30.00 per person.

Please make checks payable to: James Alt – NYSMA Training Coordinator

**Then mail this registration and check to: James Alt
 4 Alden Way
 Port Jefferson Station, NY, 11776**

Please note there will be no refunds for No-Shows, unless a valid reason is presented.

Please be sure to complete and mail your registration before the registration closing date.