

UNIVERSITY OF ATLANTIA REGISTRATION FORM

NAME (LEGAL) _____

Check all that
apply:

NAME (SCA) _____

PHONE _____

First SCA event

EMAIL _____

First University

HOME
GROUP _____

Teaching

TIME COURSE TITLE

Period 1 _____

Period 2 _____

Period 3 _____

Period 4 _____

Period 5 _____

Period 6 _____

ALL COURSE FEES ARE PAYABLE TO THE INSTRUCTOR AT THE
BEGINNING OF THE CLASS.

PLEASE PRINT LEGIBLY.

MAIL COMPLETED FORM TO:

University of Atlantia Registrar

Jen Thies

2113 Aventurine Way

Silver Spring, MD 20904

