

N4A/ 3C4A Region V Conference Joint Registration October 1-5, 2019

LAST NAME: _____ FIRST NAME: _____

NAME OF INSTITUTION: _____ 2-YEAR or 4-YEAR (Circle One)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TITLE: _____ FULL-TIME or PART-TIME (Circle One)

NUMBER OF HOURS ALLOCATED (per week): _____ STUDENT ATHLETES _____ GENERAL

BUSINESS PHONE NUMBER: (____) _____ CELL PHONE (____) _____

E-MAIL ADDRESS: _____

Send the completed registration application and a check. Early registration price (before 9/10/17) is \$175 and late registration (after 9/10/17) \$200. Make checks payable to the 3C4A to the address below.

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