

N4A/ 3C4A Region V Conference Joint Registration October 16-18, 2016

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 in the amount of \$ _____ (made payable to the 3C4A) to the address below. If you have any questions you can call Teresa Quilici at (559) 925-3212 or e-mail her at teresaquilici@whccd.edu.

Teresa Quilici

West Hills College Lemore

555 College Ave.

Lemore, CA 93245