□ BASIC DESIGN I or □ BASIC DESIGN II

GCG REGISTRATION FORM

GCG District	Sponsoring Group		
Place:			
Date & Time of Day		Unit #	
Local Chair:			
Address:	City	State Zip	
Telephone	Alt Phone	Alt Phone	
Email			
Instructor:			
Address:			
City	State	e Zip	
Telephone	Alt Phone		
Email			
Please advise the State Chair if the When the registration form is received.	check and form to State Chair, as lis dates of the Units change or if it is now wed, the State Chair will send the ne should receive a copy of the Unit G	ecessary to change instructors.	
State Chair. Please indicate by an asparticipate in the workshop for cred	all students who attended the cours sterisk (*) those attending only a padit. Each student must attend the less in order to receive credit. A Roster	rt of the course, or did not cture and participate in the	
NOTE: One of these registration for	ms must be submitted for each of the	ne five Units of study.	
For State Chair use only:			
Date form received:	Date outlines sent: _		
Date list of students received:	Transmitted check to	Transmitted check to State Treasurer	