

BCHE REGISTRATION FORM 2008-2009

Please print.

Name (Husband and Wife) _____

Address _____

City and Zip _____

Phone(s) _____

How long have you been homeschooling? _____

Do you want to be included on the phone list? **(Support Group Use only)**

Yes _____ No _____

Children's names and birth dates (ex. 01-01-02) _____

_____	_____
_____	_____
_____	_____

PLEASE PRINT:

E-mail address _____

\$10.00 Support Group Fee Amount enclosed: \$ _____

Mail form to: BCHE 2135 Greendale Dr. NE Cleveland, TN 37323

Office Use Only:

PD	C	A	E	Y	P