

Project Enlightenment Patron Registration

PLEASE PRINT

Last Name: _____ **First:** _____ **MI** _____

Choose all that apply.

Parent Teacher Director WCPSS Student Other: _____
Please specify

Home Address: _____

Street _____ Apt.# _____

City _____ State _____ Zip Code _____

Area Code- Home /Cell Phone # _____ Area Code- Work Phone # _____

Project Enlightenment Contact: _____

I give permission for this person to contact me regarding materials from the PTRC.

Email address: _____

For Project Enlightenment Mailing List/ E-Newsletter

School Name: (ONLY if you are a Teacher, Director or Student) _____

I agree to be responsible for materials borrowed and any fees incurred due to loss or damage of materials.

Signature: _____ **Date:** _____

Complete the form and email to ptrc@wcpss.net .