

## **REGISTRATION**

Last Name			First	_ First		
Area+Home Phone						
Home Address						
City, ST				Zip+4		
Daytime Phone				Home Fax		
Cell Phone		Email	_ Email			
CAZAGO Friend [N	Jon–votin		SHIP FEES	<b>&gt;</b>	\$35.00	
Includes The Pipeline,	to CAZAGO co-	•				
•					•	
	_		ORSHIPS *			
	Prog	RAMS • RECIT	TALS • SCHOL	LARSHIPS		
		e \$500 & up		\$250 - \$499		
	lein Jeu etit Jeu		Plenum Celeste			
☐ I/We prefer my	y/our gift	to be anonymous.		1		
		(s) as follows:				
[Write name(s) ab	ove as yo	u want them to app	pear in Yearbook	and Program red	cognition.]	
Membership Fee		\$35.00				
Program/Recital Sea		\$				
Organ Scholarship l		\$				
Total Amount of C		\$				
Please r	return th	is form with you	ır check, payab	le to CAZAGO	O, to:	
		•	AZAGO Registrar			
			Geneva Drive			
		1empe, AZ	85282–3734			

For Office Use Only				
Membership Category	Membership Fee	Check #	Dated	Rec'd
Contributions: Recital \$	Scholarship \$	Total \$		
Sponsor Name(s)				Anonymous