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| GOLD REGISTRATION – Student | | | | | | | | | | | |
| Registration Deadline February 1 | | | | | | | | | | | |
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| **PERSONAL INFORMATION:**  **Please Circle One: M F** | | | | | | | | | | | |
| Name: | | | Name | | | | | | | | |
| Mailing Address: | | | | Mailing Address | | | | | | | |
| City: | City | | | | | | | State: | State | Zip: | Zip Code |
| Email: | | Email Address | | | | | | | | | |
| Phone: | | | ( Area Code ) | | |  | Phone Number | | | | |
| Sharing A Room With: | | | | | Click or tap here to enter text. | | | | | | |
| (Optional) | | | | | | | | | | | |
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| SEND REGISTRATION TO: | | | | | | | | | | | |
| Tim Tharp | | | | | | | | | | | |
| 591 Mt Olive Church Rd | | | | | | | | | | | |
| Wrightsville, GA 31096 | | | | | | | | | | | |
| To Email document: ganazsec@gmail.com | | | | | | | | | | | |
| *Questions: Call Tim Tharp @ 478-278-3512* | | | | | | | | | | | |