



## Unit Study of the Month Club Registration

Name:

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Address:

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Email:

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Phone:

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Names & Ages of Children:

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For Office Use Only. Please don't write below this line.

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Start Date: \_\_\_\_\_

Custom: \_\_\_\_\_

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**Mail this form, with your payment, to:**

**HOME, P.O.Box 159, Camden, ME 04843**