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**ACT/SAT Workshop Registration Form**

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Student Name: \_\_\_\_\_

School attending \_\_\_\_\_ Grade \_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

PLEASE PRINT

The days and times for the workshop are as follows:

July 21, 22, 24, 25, 27 and 29 from 1:00 to 4:00 each day

All materials will be provided. Have your child bring a sweater in case they get chilly and you are welcome to send a beverage and a snack.

Please record any additional comments you wish to make note of regarding your and his or her goals.

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Payment enclosed for \$550

**Please make checks payable to *Caroline Christensen*. Confirmation will be emailed upon receipt. You can also pay with a credit card if you prefer. Please include the following:**

**Name on Card** \_\_\_\_\_ **Card number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ **CVC** \_\_\_\_\_ **Billing Zip Code** \_\_\_\_\_ \*

**Please drop off or mail to:**

Caroline Christensen Attention: SAT/ACT Registration  
4101 Greenbriar Suite 205F Houston, Texas 77098

\* If you do not wish to provide this information on the form, you are welcome to stop by my office and I will be happy to swipe your card. Just please text (713.256.7701) to make sure I will be there.