# Registration Form

## TREASURER TRAINING

Please complete this form in its entirety and return with a check to the trainer of the class or made out to Women of the Moose.

Name:

Address:

City – State:

Zip Code:

Email:

Phone:

Moose ID (MID):

Chapter Name & Number:

Class Date:

Class Location:

Experience with Quickbooks:

☐ New User ☐ Some Experience ☐ Experienced

LCL

☐ New User ☐ Some Experience ☐ Experienced