

Make-A-Wish Foundation® Of Central & Northern Florida

1020 N Orlando Ave – Suite 100
Maitland, FL 32751
407-622-4673 Office
407-622-5803 Fax

Wish Granter Training Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone: _____

Email: _____

- I will be attending the Wish Granter Training and am enclosing my \$20 Registration fee.**

Training Attending: _____

Training Date: _____

Type of Payments

*Please check the form of payment that you will be using to pay the \$20 Wish Granter Training Registration fee.**

- Credit Card**

Credit Card Type: _____

Name on Card _____

Amount _____

Credit Card # _____

Expiration Date _____

V-Card Number (last 3 digits on the back of credit card) _____

- Check**

Check Amount (enclosed): _____

Check # _____

- Cash**

Cash Amount (enclosed): _____

*** Please notify the Make-A-Wish Foundation® of Central and Northern Florida if you are unable to attend this training. Registration fee is non-refundable.**

Signature: _____ Date: _____