

Experience Your Smokies

Class Application

Last Name	First Name	Middle Initial
-----------	------------	----------------

Address	City, ST	Zip
---------	----------	-----

Employer	Job Title
----------	-----------

Employer's Address

Home Phone	Cell Phone	Work Phone
------------	------------	------------

E-mail Address	Fax Number
----------------	------------

Please give a short statement about why you are interested in Experience Your Smokies:

Please note that your selection as a class member for Experience Your Smokies requires a commitment to attend all classes. It also requires a registration fee of \$50. If you are willing to make these commitments, please sign below and mail the application form to: Attn: Kerri Considine; Friends of the Smokies; PO Box 1660; Kodak, TN 37764 or fax to (865) 933-7607.

Applicant's Signature

Date

Friends of the Smokies PO Box 1660 Kodak, TN 37764
Phone: (865) 932-4794 Fax: (865) 933-7607