



# APACHE SUBSCRIPTION FORM

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

| Names of children | Birthday | Names of children | Birthday |
|-------------------|----------|-------------------|----------|
| _____             | _____    | _____             | _____    |
| _____             | _____    | _____             | _____    |
| _____             | _____    | _____             | _____    |
| _____             | _____    | _____             | _____    |

What year did your family start homeschooling? \_\_\_\_\_

Please circle which volunteer opportunities you would be interested in helping with:

- |                      |                      |                           |                          |
|----------------------|----------------------|---------------------------|--------------------------|
| Spelling Bee         | Website Management   | Convention Committee      | Achievement Testing      |
| Used Curriculum Sale | New to Homeschooling | Homeschooling High School | Curriculum Show and Tell |

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COMPLETING THIS FORM INDICATES THAT YOU HAVE READ AND ACCEPT THIS POLICY.



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