



HOCT Registration Form for Seminars

Heart of Carolina Tolars

Date: _____

(Please print your name, address, city, state, zip and phone #)

Name: _____

Address: _____

City, State & zip

_____ Phone _____

Email address:

The Seminar you would like to attend

DAYS ATTENDING: Friday Saturday Sunday Monday

Call on [Lynn Strickland](#) (seminar chairperson) if you have any questions.
You can reach her by clicking her name.

If you want to mail the form above to the Seminar Chairperson
1800 Wildcat Creek Rd,
Chapel Hill, NC 27516
919-942-6107