



805 Baltimore Pike
Suite 275
Hanover, PA 17331
717.630.8218

www.enlightenedlearning.org
info@enlightenedlearning.org
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SAT Prep Registration

Please complete and send with payment to address above.

Date: _____

Participant Name (first, middle, last): _____	
Address: _____	Phone: _____
_____	Email: _____
High School (if applicable) : _____	
Any special needs: _____	

Sessions will meet: (* SAT practice tests will be administered)	
Sat. 2/4 9:00-1:00*	Wed. 2/8 6:00-9:00
Sat. 2/11 9:00-1:00	Wed. 2/15 6:00-9:00
Sat. 2/18 9:00-1:00*	Wed. 2/22 6:00-9:00
Sat. 2/25 9:00-1:00	Wed. 2/29 6:00-9:00
Sat. 3/3 9:00 - 1:00*	Wed. 3/7 6:00-9:00

Payment Options
Enclosed Check Amount: \$ _____
Enclosed Cash: \$ _____
Credit Card Payment: Visa / Mastercard / Discover
Name on Card: _____
Number: _____
CVV: _____ Expiration Date: _____
Signature: _____

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