

ສະມາຄົມ ສະໜັບສະໜູນ ລາວ
ອະເມຣິກັນ ວໍຊິງຕັນດີ.ซี



LAO AMERICAN
WOMEN
ASSOCIATION

Lao Culture and Dance Classes Application

Student's Full Name: _____

Gender: Female _____ Male _____

Address _____

City _____ State _____ Zip Code _____

Telephone number(s): Home _____

Work _____

Mobile _____

Email _____

Would like to enroll in the Lao Culture and Dance classes administered by the Lao American Women Association (LAWA) of Washington, D.C. during the school year

____ 2004

____ 2005

____ 2006

____ 2007

If student is under 18 years of age, parent(s) or guardian(s) need to fill the following space.

Name of parent(s) or guardian(s) _____

Signature _____

Today's Date: _____

In case of an Emergency, please call (Name) _____

Tel: _____

Today's Date _____

Received by _____

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F: 301.306.0345

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