

**CHAPEL HAVEN, INC.  
ASAT Program**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Advisor:** \_\_\_\_\_

**Session:**  Fall A, 2020

**Select One:**  Full-Time Day Programming  Part-Time Day Programming  A La Carte Workshops

**Please list the workshops that you are registering for this session (use additional sheets, if necessary):**

<u>Workshop Name</u>	<u>Workshop Day</u>	<u>Workshop Time</u>	<u>Workshop Fee</u> (if applicable)	Core	Advising Placement	Elective
				Check if applicable		
*For Full-Time and Part-Time Day Programming Participants: Total Hours of Workshops: _____			Total Cost: _____			