

**CHAPEL HAVEN, INC.
ASAT Program**

Student Name: _____ **Date:** _____ **Advisor:** _____

Session: Fall B, 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: _____			