

First Place For Health Pre-Registration Form



Name _____

New Alumnus
 Female Male

Address _____

City _____ State _____ Zip _____

Phone Numbers (H) _____ (C) _____

May we call you at work? Yes No

Email Address _____

Church Member? Yes No If yes, where? _____

Would you like to receive more information about churches in your area? Yes No

If provided, do you need childcare? Yes No

Number of children and ages _____

Friends you wish to be in class with _____

Preferred meeting Day _____ Time _____

Leader _____

----- DO NOT WRITE BELOW THIS LINE -----

Paid Yes No

Amount \$ _____ Check # _____ or Cash

Class assignment Day _____ Time _____

Leader _____

Materials Received Yes No