



Registration

You may print this page, provide the information requested, and mail in a check or pay for registration when you come to your first class. For questions, call 803-779-4449.

Name: _____ Member # _____

Name: _____ Member # _____

New member / information update, if needed.

Address: _____

City: _____ Zip code: _____

Home Phone _____ Cell Phone _____

Email: address: _____ @ _____

Profession is/was _____

Interests and hobbies? _____

How did you hear about us? _____

Any special health issues the Center should know about?

Emergency Local Contact: _____ Phone # _____ - _____

Payment:	Person 1	Person 2
tuition	\$35	\$35
donation	_____	_____
Total	_____	_____

Mail to: The Shepherd's Center of Columbia, 3401 Trenholm Rd., Columbia SC 29204