

Registration

Please return to:

The Shepherd's Center of Columbia

3401 Trenholm Road

Columbia, SC 29204

803-779-4449

Print Name: _____

Mem.# _____

Print Name: _____

Mem.# _____

____ (check) I have been fully vaccinated and boosted.

_____ (Signature Required)

Address: _____

City & State _____ Zip Code: _____

Home Phone _____ Cell Phone _____

E-mail address (print clearly) _____

Profession is/was _____

Interests and hobbies? _____

How did you hear about us? _____

Any special health issues the Center should know about?

Emergency Contact: _____

Local

Local Phone

Payment:

____ check

tuition

\$35

Person 1 Person 2

\$35

____ cash

donation

+

=

\$

Total
