

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.# _____

•I have been fully vaccinated and boosted (*signature required below*):

Signature: _____ Date: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

E-mail address (**print clearly below**):

Profession is/was? _____

Interests and hobbies? _____

How did you hear about us? _____

Any special health issues the Center should know about?

Emergency Contact (local): _____

Phone (local): _____

Payment	Person 1	Person 2	
___ check tuition	\$35	\$35	
___ cash Lunch \$10 (April 5)	_____	_____	
Total	_____	+ _____	= _____ \$