

REGISTRATION FORM

Please fill in this form and return it to the address on the back to let us know if you are planning to come to the Alpha Course beginning June 8th at 6 p.m.

NAME

ADDRESS

PHONE

(DAY)

EMAIL

ADDRESS

**NUMBER & AGES OF CHILDREN NEEDING
CHILDCARE**

**IT WOULD BE HELPFUL IF YOU GIVE US A
GENERAL IDEA OF YOUR AGE**

**IF YOUR SPOUSE WILL BE ATTENDING,
WOULD YOU LIKE TO BE PLACED IN THE
SAME SMALL GROUP?**

_____ **YES**

_____ **NO**

