

REGISTRATION FORM

CLASS START DATE	_		FACILITATOR
NAME			
SPOUSE (IF ATTENDING	;)		
CHILDREN (IF ATTENDIN	NG)		
ADDRESS			
CITY	STATE		_ZIP
PHONE	E-MAIL		
This is my 1st Class	2 nd or more Class		
Class Payment	Amount:	Check / Cash / Credit Check / Cash / Credit Check / Cash / Credit	
RESTORATION MINISTRIES EBUILDING THE FOUNDATION OF LIFE CLASS START DATE	REGISTRATI	ON FORM	FACILITATOR
NAME			
This is my 1st Class			
Class Payment	Amount:	Check / Cash / Credit Check / Cash / Credit Check / Cash / Credit	