

# First Place 4 Health Registration Form



Name \_\_\_\_\_  New Member  Male

Address \_\_\_\_\_  Alumnus  Female

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

May we call you at work?  Yes  No

Email Address \_\_\_\_\_

Church Member?  Yes  No If yes, where? \_\_\_\_\_

Would you like to receive more information about churches in your area?  Yes  No

If provided, do you need childcare?  Yes  No

Number of children and ages \_\_\_\_\_

Friends you wish to be in class with \_\_\_\_\_

Preferred meeting Day \_\_\_\_\_ Time \_\_\_\_\_

Leader **Enrique M. Juarez ~ 210-818-5129 ~ vfaith@usa.com**

----- DO NOT WRITE BELOW THIS LINE -----

Paid  Yes  No

Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ or  Cash

Class assignment Day \_\_\_\_\_ Time \_\_\_\_\_

Leader \_\_\_\_\_

Materials Received  Yes  No