

WidowedCare

Date _____

Registration

How many years married? _____ How long widowed? _____

Name _____ Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Phone: (____) _____ *Daytime/Cell Phone: (____) _____
(*Important. This is used in case of meeting cancellation)

Email address _____

Children: (If living at home, please list their ages.)

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

Do you have a church that you attend regularly? _____
If so, please give the name _____

How did you hear about WidowedCare?

<input type="checkbox"/> Friend	<input type="checkbox"/> Brochure	<input type="checkbox"/> Attorney
<input type="checkbox"/> Pastor/Priest	<input type="checkbox"/> Poster	<input type="checkbox"/> Counselor
<input type="checkbox"/> Church Bulletin	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Television
<input type="checkbox"/> Church Newsletter	<input type="checkbox"/> Radio	<input type="checkbox"/> Lawn Sign
<input type="checkbox"/> Past Participant	<input type="checkbox"/> Other: _____	

Registration Fee: \$30.00 (covers all 10 sessions)

Payment by: Cash _____ Check _____ Scholarship Fund _____ Repeat _____

MAKE CHECKS PAYABLE TO: CWCCC