



REGISTRATION FORM

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address (print clearly) _____

Confirm Email Address _____

Date of Birth (mm/dd) ____/____/____

Emergency Contact

Name _____ Relationship _____

Phone Number _____

How did you hear about DivorceCare?

Please share a little information about your divorce.

Date of Registration ____/____/____

Fee: \$15 for Workbook (Scholarships available)

Payment attached

Will pay at 1st Session

Make checks payable to:

St. Edith Church
Attn: Divorce Care
15089 Newburgh Rd
Livonia, MI 48154

OFFICE USE ONLY	
<input type="checkbox"/>	Payment Received ____/____/____
<input type="checkbox"/>	Check # _____
<input type="checkbox"/>	Cash