



Registration Form

Name: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Telephone: _____ **Cell:** _____ **E-Mail:** _____

Course of interest: _____

Amount paid/Registration fee \$ _____ **Date paid:** _____

Comments: _____

Please provide emergency contact information

Name: _____

Telephone: _____

Relation: _____

Welcome to Pastoral Care Institute, a place where we work together toward one goal: Serving the Lord as we serve others.

Signature of Applicant: _____ **Date:** _____