



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. Our main address is 18191 NW 68th Avenue, Suite #212, Miami, FL 33015 (305)859-1740 - (786)413-8487 irisdejesus1@gmail.com – www.pastoralcareinstitute.org

Signature of Applicant: _____ Date: _____