



## Meeting Registration Form

**Meeting Date:** Every Wednesday, June – August (13 weeks)

**Meeting Time:** 5:30 – 6:45 p.m.

**Meeting Location:** Family Room #314

Name:

Address:

City:

Zip:

Home Phone:

Cell Phone:

Work Phone:

E-Mail:

If provided, would you need child care? ☐ No ☐ Yes. If "yes", how many children and what ages?

### Please carefully read the following statement:

*I have attended a First Place Orientation and desire to put Christ first in my life. I will do my best to follow the First Place commitments and prayerfully support other members and my leader.*

*I understand that the information I will receive in the First Place program is intended to be solely informational and educational. I realize that First Place encourages participants to consult with their physicians before starting this program.*

*If for any unforeseen reason I have to withdraw from the First Place program, I agree to notify my leader and discuss the matter with prayerful consideration.*

Signed:

Date:

DO NOT WRITE BELOW THIS LINE

Amount Paid (if paid in full):

☐ Check#:

or ☐ Cash

☐ Check if opting for payment plan

☐ Materials Received