



Registration Form

Class/Group Name _____

Start Date _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Numbers:

Home _____ Work _____ Mobile _____

Email: _____

Credit Card Information

Card Type: MC _____ Visa _____

Card Number _____

3-Digit Code on Back _____ Expiration Date _____

Billing Address (if different from above)

Address _____

City _____ State _____ Zip Code _____

Given the nature of our work at Shiloah Center, when you commit to a workshop or class the commitment is to yourself as well as to the other members of the group. In the spirit of helping you with this aspect of personal growth, refunds will be provided only for cancellations made 30 days or more before the starting date of the event.

Signature _____