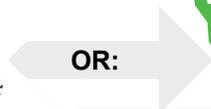


Registration - SPRING 2026



The Shepherd's Center of Columbia
3401 Trenholm Road, Columbia, SC 29204
803-779-4449



Are you a 1st Time Member?

Print Name _____ Y / N
(1st Person)

Print Name _____ Y / N
(2nd Person)

Date: _____ Phone(1): _____ Phone(2): _____

Address: _____

City/State: _____ Zip Code: _____

E-mail address _____
(print clearly)

Profession is/was? _____

Interests and hobbies? _____

How did you hear about us? _____

Any special health issues the Center should know about? _____

Emergency Contact (local): _____

Phone (local): _____

Payment	Person 1	Person 2	Total
Session classes:	\$50	\$50	
Lunch \$12	\$12	\$12	
TOTAL	\$	\$	\$\$

OFFICE USE ONLY: _____ Check _____ Cash _____ Online
_____ Email _____ Accounting _____ Recorded

Please updated information that has changed