

# Registration - FALL 2026

**Save a Stamp,**  
register online at  
[www.ShepherdsCenter  
Columbia.org/  
registration/](http://www.ShepherdsCenterColumbia.org/registration/)

Please return to: 

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

OR: 

Are you a 1st Time Member?

Print Name \_\_\_\_\_ Y / N  
(1<sup>st</sup> Person)

Print Name \_\_\_\_\_ Y / N  
(2<sup>nd</sup> 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
<b>Session classes:</b>	<b>\$65</b>	<b>\$65</b>	
<b>Lunch \$12</b>	<b>\$12</b>	<b>\$12</b>	
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$\$</b>

**OFFICE USE ONLY:** \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Online  
\_\_\_\_\_ Email \_\_\_\_\_ Accounting \_\_\_\_\_ Recorded

**Please share any updated information that has changed**