# Registration - WINTER 2027

*Please return to:*

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

**OR:**

**Save a Stamp**, register online at www.ShepherdsCenterColumbia.org/registration/

**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:** | **$65** | **$65** | |
| **Lunch $12** | **$12** | **$12** | |
| **TOTAL** | $ | $ | $$ |

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

**OFFICE USE ONLY:** _____ Check _____ Cash _____ Online

_____ Email _____ Accounting _____Recorded