



**Class Registration Form**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_, City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Work Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Have you previously visited Grace Outreach Center?    Yes                  No