

Health and Spirituality Program

Mail in Registration Form

Today's Date:		
First Name:	Last Name:	
Mailing Address:		
City:	State/Province:	Zip:
Country:		
Phone Number: Primary:		Alternate:
Email Address:		
Date-of-Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> I have read and I accept the Covenant Agreement.		
<p>Mail completed Registration Form with full payment to:</p> <p style="margin-left: 40px;">Health and Spirituality Program First Presbyterian Church 510 North Broadway Crookston, MN 56716 USA</p> <p><i>Please make all checks out to MICAH.</i></p> <p><i>Once we receive your registration form and payment we will contact you, send you your health questionnaire and begin your program.</i></p>		
<p>Questions? Phone: 218-281-4853 Email: trey.crxpres@midconetwork.com)</p> <p>Please note: You will be calling the MICAH Office located at the Presbyterian Church in Crookston, MN. Office hours are Monday through Thursday 9:30 a.m. to 1:30 p.m., Central Standard Time. If you call after office hours, please leave your name, phone number and the best time for us to return your call.</p>		