

## Health and Spirituality Program Mail in Registration Form

<b>Today's Date:</b>			
<b>First Name:</b>		<b>Last Name:</b>	
<b>Mailing Address:</b>			
<b>City:</b>		<b>State/Province:</b>	<b>Zip:</b>
<b>Country:</b>			
<b>Phone Number: Primary:</b>		<b>Alternate:</b>	
<b>Email Address:</b>			
<b>Date-of-Birth:</b>		<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> I have read and I accept the Covenant Agreement.			
<b>Payment Method:</b>			
<input type="checkbox"/> Check enclosed			
<input type="checkbox"/> Credit Card Type:			
<b>Credit Card Number:</b>		<b>Expiration Date:</b>	
<i>Once we receive your registration form and payment we will contact you, send you your health questionnaire and begin your program.</i>			
<b>Mail completed Registration Form with full payment to:</b>			
<b>Health and Spirituality Program          First Presbyterian Church          510 North Broadway          Crookston, MN 56716 USA</b>			
<b>Questions or to pay over phone with any major credit card call: 218-281-4853.</b>			
<b>Please note:</b> 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.			