



**FREEDOM HOUSE MINISTRIES
BACK IN CONTROL
REGISTRATION FORM**

PLEASE PRINT OR TYPE ALL OF YOUR ANSWERS

Place/Date of Workshop: _____

Name: _____

I certify that all of the information in this application is complete and accurate.

Applicant signature: _____ Date: _____

Personal Information

Full Name (Mr. / Mrs. / Miss): _____

Name as you'd like it to appear on a name badge: _____

Home Telephone: _____ Work Telephone: _____

Fax: _____ E-Mail: _____

Address:

Emergency Contact

Name: _____

Address: _____

Phone: _____ Relationship to you: _____

Family Details

Birth Date: M ____ D ____ Y ____ Age: _____

Sex:

Male

Female

Status:

Single

Remarried

Widowed

Engaged

Separated

Married

Divorced

Spouse's Name: _____

Birth Date: M _____ D _____ Y _____ Age: _____

Date of marriage: _____

Names and Ages of Your Children: _____

Payment

Seating is limited!

- Please enclose a non-refundable application deposit of **\$25**. This fee is applied toward the total cost of the workshop and will guarantee you admittance. If you pay in full the entire cost of the workshop and cannot attend, your money will be refunded with the exception of the **\$25** application fee.

Early Bird Prices: Single parent: \$45 Married couples \$90.00

After October 15 Single parent: **\$50** Married couples: **\$100**

Checks should be made payable to Freedom House Ministry and mailed to:

Trinity Shaw
Attn: Back In Control
2031 Edinburgh Lane
Aurora, IL 60504-7575

Please call Trinity @ 630-269-2007
for any questions/clarifications.

Or payment can be made through Paypal at www.freedomhouseministry.com (Go to "Event" Link)

How did you hear about this workshop?

Website

Flyer

Other

Friend