

Compassionate Care International, Inc.

NORTH CAMPUS - FAIRFIELD CHRISTIAN CHURCH

3420 Blacklick-Eastern Rd
Baltimore, OH 43105
740-862-6245
www.CompassionateCareInt.org

REGISTRATION FORM

Please print and mail form with your registration fee to the above address c/o Millie McCarty ten days before class begins so books and meals can be ordered.

Name of Church where you are a member: _____

Name (as it will appear on Class Certificate of Completion):

Mailing Address: _____

Street Address

City

State

Zip

Telephone Number: () _____ () _____ () _____
Home Work Cell

E-Mail Address: _____

Class Title: _____ Date of Class _____

Fee \$ _____ Cost of Food \$ _____ () I will bring a sack lunch

FEE MUST ACCOMPANY REGISTRATION (make checks payable to Compassionate Care

Total Amount Paid \$ _____

Form of Payment:

Check (# _____) Cash \$ _____ Money Order \$ _____

Office Use

Date Received: _____ Amount Received \$ _____ Processed By: _____