

We would like to attend the premarriage seminar

A program of Samaritan Center of Puget Sound 206-527-2266

Bellevue _____ Federal Way _____ Seattle _____

Wedding date: _____ Month we would like to take the seminar: _____ Cost \$200/couple

Participant Name: _____ Participant Name: _____

Current Address: _____ Current Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

E-mail address: _____ E-mail address: _____

Phone: w _____ h _____ Cell _____ Phone: w _____ h _____ Cell _____

Permanent Address (after wedding) _____

City: _____ Zip: _____ Phone: h: _____

Referred by _____ May we send a thank you? Yes _____ No _____

In order to assure your place in the class of your choice, please return the registration form and non-refundable \$100 deposit:

Please Make Checks Payable to: **Samaritan** Check Enclosed: ____yes; ____no

Credit Card: ____ Visa ____ Master Card Number: _____

Name on Card: _____ Exp: _____

Signature: _____

Samaritan Center of Puget Sound,
564 NE Ravenna Blvd,
Seattle WA 98115

Or fax to 206-527-1009

Deposits: \$100