



# SAMARITAN CENTER OF PUGET SOUND

## STREAM

with Anthony Robinson

Today's Date: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Participant's** Payment: \$ \_\_\_\_\_

Method of Payment: CR/Check # \_\_\_\_\_

**Church's** Payment: \$ \_\_\_\_\_

Method of Payment: Check # \_\_\_\_\_

Please make the check payable to Samaritan Center of Puget Sound

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**This Section for Credit Card Payment Only**

Name as it appears on the card: \_\_\_\_\_

Credit Card Statement Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC2 (3 digits on the back): \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Please **mail** this registration form along with the payment to 564 NE Ravenna Blvd, Seattle WA 98115