

REGISTRATION FOR FOCUS ON CHILDREN
(Please print)

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone : _____

\$55 per person

Check or Money Order (payable to Family Service) in the amount of \$_____.

Credit Card VISA Mastercard American Express in the amount of \$_____.

Credit Card Number: _____

I authorize Family Service to charge my credit card:

SIGNATURE _____

Expiration Date: _____. I wish to receive a receipt _____.

I wish to attend the seminar on:

SEE SCHEDULE _____

I **do not** want to attend the seminar with the other parent/party _____

Return form and payment to:

Focus On Children
Family Service
630 Janet Avenue
Lancaster , PA 17601