



FACE to FACE

THE UPPER ROOM®

# Register

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Church Affiliation: \_\_\_\_\_

Previous Occupation: \_\_\_\_\_

Year of Retirement: \_\_\_\_\_

***This information will not be shared outside of Face to Face and The Upper Room programs.***

Return completed application with      fee to:

*Make check payable to*

You may also drop your registration off at the Church office.



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# Additional Information

WE NEED SOME ADDITIONAL INFORMATION TO MAKE YOUR FACE TO FACE ENCOUNTER COMPLETE.

## VERY IMPORTANT - MUST BE COMPLETE

### Pastor

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

### Friend

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

### Family

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Are you being sponsored on this Encounter  yes  no  
If yes, name: \_\_\_\_\_

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