

Crossroads Community Church
Registration Form for the FREE ME Seminar

1. PERSONAL INFORMATION

Name: _____

Email: _____

Day Phone _____

Evening Phone _____

Cell Phone _____

Male

Female Age _____

Address _____

City _____ State _____ Zip, _____

Local Church: _____

Are you a member? _____

No church at this time _____

Past church _____

How did you find out about this Community Freedom Ministry?: _____

Present Marital Status: _____ If married, how long? _____

Do you have any experience with Satanic Ritual Abuse? _____

Please return this form to:

Crossroads Community Church

1147 Berryville Avenue,

Winchester VA.

Office hours are Tues-Thurs 9-5 or you can mail it.