

“Effectively Using the Bible & Gospel in Parenting”

Name: _____ Phone: (_____) _____ - _____

Address: _____ City/State: _____ Zip: _____

AM Session (9:00 am until Noon) **PM Session (6:00 pm until 9:00 pm)**

Church Membership: _____

E-mail Address: _____

Number of People Registered _____ x \$20.00 per person = \$ _____ Total Enclosed

Master Card / Visa (Circle One) Card Number _____ Exp. Date: ____/____

Mail Check to: Crossroads Counseling ♦ 3665 Wheeler Road, Suite 1B ♦ Augusta Georgia 30909

Register On-line at: www.crossroadsaugusta.org or by phone at: (706) 364-1270

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