

Mentoring Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

Day Phone: _____

Alternate Phone: _____

Email: _____

Website: _____

Facebook: Y/N_____ My Space: _____

Please check appropriate Jewel

Gold ___ Pearl___ Diamond ___ Ruby___ Gem___

Jewel - \$300 - Gem - \$175
(Fees are annual and may be paid in installments)

Method of payment

Cash: _____ Check # _____ MO# _____

Credit Card Info:

Visa MasterCard American Express Other _____

Credit Card # _____ Exp. _____

Amount Paid \$ _____ Date: _____

(Please return to Dr. Yvonne Capehart Ministries in secure mailing envelope)