



## REGISTRATION FORM

Christ Memorial Temple (CMT)  
Corner of Creasy Lane and E. Union  
Lafayette, IN  
Phone: (765) 447-9190 Web: <http://www.cmtemple.org>

Please print:

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail \_\_\_\_\_

❖ How did you learn about CMT's DivorceCare program?

- Church Announcement
- Newspaper or Radio Advertisement
- "Word of Mouth"
- Internet

❖ Are you currently attending Christ Memorial Temple?  Yes  No

❖ If No, which church do you attend? \_\_\_\_\_  None

❖ Which statement most accurately describes your spiritual journey:

- Faith in God is not an important part of my life at this time.
- I have questions about God and I am interested in learning more.
- God is an essential and integral part of my life.
- I have a walk with God, but my family does not.

❖ Please complete the following information about yourself:

Date of Birth \_\_\_\_\_ Children's Date(s) of Birth \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Date of Separation/Divorce \_\_\_\_\_

The program is \$20.00 per adult and \$10.00 per child (ages 5 to 12) that includes cost of the workbook and 13 week seminar. (Partial scholarships are available. Please enclose what you are able to pay).

- Enclosed is my registration fee of: \$20.00
- Enrolling \_\_\_\_\_ children at \$10.00 each: \_\_\_\_\_
- I am requesting a partial scholarship of: \_\_\_\_\_  
Total Enclosed: \_\_\_\_\_

MAIL TO: Christ Memorial Temple, DivorceCare Registration, PO Box 4945, Lafayette IN 47903