

NATURAL FAMILY PLANNING REGISTRATION 2010 (READ CAREFULLY AND PLEASE PRINT)

Name (male) \_\_\_\_\_ Name (female) \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

I am:  Engaged (wedding date \_\_\_\_\_ )

Married

Single

I am:  Engaged (wedding date \_\_\_\_\_ )

Married

Single

We would like to register for:

Healthy Love: An Introduction to NFP on: \_\_\_\_\_

NFP Instructional Series on: \_\_\_\_\_

Enclosed is our check for \$30 for Healthy Love

Enclosed is our check for \$60 for NFP Instructional Series

Enclosed is our check for \$30 for the NFP Instructional Series, we attended Healthy Love (formerly known as Planning Your Family Together) first.

Make checks payable to: DIOCESE OF KALAMAZOO

*We are unable to put your name on the reservation list until we have received this form and the registration fee.*

*Mail form and fee to: Natural Family Planning*

*Diocese of Kalamazoo*

*215 N Westnedge Avenue*

*Kalamazoo MI 49007-3760*

*We suggest you copy this and keep the brochure for your information.*

**OFFICE USE ONLY**

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