Registration Form

Blessing Workshop 2010: January 29-31 (NY); February 5-7, (Chicago or SF)

Register for one of three available workshops and return to: **Blessing@familyfed.org** or Fax to: **(212) 324-9227**

Applicants' Name:

First **Middle** **Last**

Date of Birth:	**99/99/99999**	**Gender:**	**1st Gen:**	**2nd Gen:**

2nd Gen: Parents' Name:

1st Gen: Sponsor Name: _____

Spiritual Parent, Church Leader, BFD Rep. or other recommending sponsor

Mailing Address: _____

Number and Street

_____

City **State** **Zip Code**

Home Phone: _____ Fax: _____ _____

Cell Phone: _____ E-mail: _____

Workshop Attending [Choose one]: ____ _____

(Enter YES): Jan. 29-31, NYC:	**Feb. 5-7, SF, CA:**	**Feb. 5-7, Chicago, IL:**

Others attending with you? (**Complete one registration form for each participant**)

Name **Relationship (fiancé, spouse, parents, etc.)**

1)

2) _____

3) _____

4) _____

Comments / Special Requests:

_____

_____

Participant Sign/Confirm: Date:

_____ _____