

*the*  Seven Principles Program

Registration Form

Location: First Presbyterian Church  
Fellowship Hall  
700 Park Ave. Florence, SC 29501  
Date: Friday, March 16, thru Saturday March 17, 2017  
Cost: \$80.00 per couple  
Includes materials, refreshments and lunch

Husband: \_\_\_\_\_ Age: \_\_\_\_\_

Wife: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

His Phone: \_\_\_\_\_ Her Phone: \_\_\_\_\_

His email: \_\_\_\_\_

Her email: \_\_\_\_\_

We have been married for \_\_\_\_\_ years. We are engaged: \_\_\_\_\_

We are interested in childcare for \_\_\_\_\_ children, ages: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

**Please make checks payable to *First Presbyterian Church***

*Welcome to the Seven Principles Class. I want to take a moment and advise you that this workshop is psycho-educational, meaning that it is designed to serve as teaching and guidance for you and is not couples therapy. I am looking forward to assisting with class exercises, but not to conduct therapy. You will not be asked to share "personal information" about your relationship during the class. Please sign this form below to acknowledge that you have read and understand this.*

*Thank you & enjoy the class. I look forward to seeing you!!*

*James E. Braswell*

Signed:.....Date.....

Signed:.....Date.....