

COME TO THE WELL – QUENCH YOUR THIRST

# REGISTRATION FORM

Arborlawn United Methodist Church  
Fall 2010 Adult Discipleship

Registrant #1:

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Course Selections: \_\_\_\_\_

\_\_\_\_\_

Registrant #2:

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Course Selections: \_\_\_\_\_

Return completed registration form and payment to the church office, or mail to:  
Arborlawn United Methodist Church

Attn: *Come to the Well*

5001 Briarhaven Road

Fort Worth, TX 76109

