

Growing the Spirit New Client Registration



Last Name _____ First _____ Middle _____

How would you like to be called? _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile _____ Work _____

E-Mail _____ Fax _____

Describe Your Current Living Situation (single, partnered, widowed, children, no children, family members, pets, etc.) _____

What is the best time of day for you to meet? Morning _____ Afternoon _____ Evening _____ Any time _____

Current Faith Community Affiliation: _____

Responsibilities/Offices Held in your Faith Community: _____

How did you find out about GROWING THE SPIRIT ? _____

What would you like to accomplish during the time you spend with your spiritual coach?

Signature _____ Date _____