A close up of a logo

Description automatically generated

**Faith Sifting Registration Form**

* Please type to complete form.
* Return completed form to kristin@anderfullife.com

**About you**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | | |
| Address: | Street City, State Zip | | | |
| Email: |  | | | |
| Phone: |  | Is texting this number OK? | Yes  o | No  o |
| The question(s) I’m  holding is(are): |  | | | |

**Session – Select the Section you’re interested in**

o **Section 1:**

* Group Sessions – Fridays @ 12:00-1:15 pm. (Central Time), March 13, 20, 27, April 10 and 17 (No session April 3)
* Individual coaching session – Available any time on or before April 17.

o **Section 2:**

* Group Sessions - Mondays @ 7:00-8:15 p.m. (Central Time), March 9 – April 6
* Individual coaching session – Available any time on or before April 17.

**Payment (Electronic Payments Only):**

o Option 1 – Payment in Full ($300)

o Option 2 – Six payments of $50 each (first charged when registration is received + five remaining payments charged Monday morning that each group session meets).

Electronic Payment information:

|  |  |
| --- | --- |
| Name on Card: |  |
| Card: |  |
| Expiration Date: |  |
| Security Code (back of card): |  |

**Participant Consent:**  
I understand that my participation in Faith Sifting is voluntary, and decisions made through the process are my own. I give Anderful Life permission to charge my card as indicated above. Further, I understand that once the group has begun, there are no refunds. In the case of illness or the death of a loved one, a make-up session will be scheduled with Kristin.

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Signature Date