



Small Changes. Big Difference.

Oak Arbor Church
2012 Journey Spiritual Growth Program

Registration Form

CONTACT INFORMATION

Name _____

Phone _____

Street Address _____

City / State / Zip _____

Email _____

BACKGROUND

How did you hear about the Shift Program? _____

Are you interested in participating in the Shift Program? Are you also seeking a new place to worship?

Program Seeking Both

Are you currently attending a church? If so, which one? _____

DEMOGRAPHICS / GROUP INFORMATION

Age range (circle one): Under 18 / 18-30 / 31-40 / 41-50 / 51-60 / 61-70 / 71+

Marital Status (circle one): S M D W Children _____

The best days for me to meet with a group are: _____

The best times of day for me to meet with a group are: _____

I am interested in learning more about leading a group.

I am interested in learning more about hosting a group.

On the lower left of the envelope, please mark "Journey Registration"

Return Form to:
Oak Arbor Church
495 Oak Arbor Circle West
Rochester, MI 48306
Fax: 248.652.7711

Please include a separate form for each participant