

**God's Embrace-Victoria Diocese 2012-2013  
First Year Program Registration Form**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Please check the location of the First Year Program Class you plan to attend and be a member of:

Blessing          Victoria          Frelsburg          Schulenburg

Do you give God's Embrace permission to share your contact information within the God's Embrace Community?    YES    NO

Do you need someone from God's Embrace to contact you to explain further details about program?    YES    NO

God's Embrace Renewal Centers-Victoria Diocese  
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