Walk-in Registration: *Protecing God's Chidren*

Location: _____

Class Date: _____

Facilitator Name: _____

You must **CLEARLY** fill out this roster (in its entirety) or you will **not** be given credit

Full Name (PLEASE PRINT)	Your Home Parish/School/City	Phone Number	Email Address	Signature - must have to give credit

Note to walk-in registrants: The Safe Environment Office will contact you if further information is needed in order to provide you with credit.

Facilitators: please email copy along with the regular roster to sep@seattlearch.org for approval of the class attendees. Thank you!