

Heartfelt Ministry Heart Sister Registration

Name _____

Address _____

If married, husband's name

If you have children, please list their names and ages: _____

Phone _____

Email _____

Is there a Heart Sister you would like to be in your group? (Attempts will be made to *try* and honor requests.) _____

Evening(s) you are **not** available? (circle)

Monday Tuesday Thursday Friday

Heartfelt Ministries Sister Heart Agreement

I understand that I have a responsibility to Heartfelt Friends when registering as a participant in this ministry. I will be a Heart Sister who enjoys the hospitality of my Heart Mom. I will do my best to show courtesy and respect by my consistent attendance. If I cannot attend a meeting, I will give at least 24 hours notice to my Host Heart Mom, in order to allow time for adjustment for meal preparation and any other arrangements.

Signature _____

Date _____