

Mother-to-Mother Workshop

REGISTRATION FORM

Ticket Price: \$25 (advance purchase only)
Ticket includes lunch or dinner & all workshop materials!

Name: _____

(Please PRINT CLEARLY)

Mailing Address: _____

City & Zip: _____

Phone: _____ E-mail: _____

Tickets: _____ Amount Enclosed: \$ _____

Select one workshop:

Dinner & Workshop Friday, May 18, 2007 4:15a.m. – 9:00p.m.
1820 N. Gem St., Tulare

Luncheon & Workshop Saturday, May 19, 2007 10:45a.m. – 3:30p.m.
1820 N. Gem St., Tulare

***REGISTRATION DEADLINE: SUNDAY, MAY 6TH**

Return completed registration form, questionnaire & payment to:

*Divine*Thoughts Inc.
1255 N. Cherry St. PMB 503
Tulare, CA 93274

**Limited number* of need-based scholarships available upon request.

*This is a “Mothers Only” event and childcare *not* available.

Contact info: Jennifer Hales at 559-936-3511 or dthoughtsinc@comcast.net

Visit: www.divineinspiration.org

**PLEASE COMPLETE QUESTIONNAIRE ON OTHER SIDE AND
RETURN WITH REGISTRATION FORM & PAYMENT**

Mother-to-Mother Questionnaire

(Questionnaire MUST accompany registration form & payment)

Your Name _____ Contact Number(s) _____

Mailing Address _____

Marital Status: married single widowed

1. How many children do you have? _____ How many grandchildren? _____
2. What are the ages of your children? _____
3. What is your mother's first name? _____
Is she living? _____
4. What is your occupation or former occupation if you are a stay-at-home mom or retired?

5. What are the two things that you find most challenging at this phase of motherhood?
 - a. _____
 - b. _____
6. What is the best advice you have ever received regarding motherhood or raising children? _____

7. On a scale of 1 to 10, how would you rate yourself as a mother?
(Terrible) 1 2 3 4 5 6 7 8 9 10 (Excellent)
8. Name one or two favorite things you like to do to "recharge your battery."
 - a. _____
 - b. _____

THANK YOU FOR TAKING THE TIME TO SHARE THIS PERSONAL INFORMATION SO WE CAN TAILOR THE WORKSHOP TO THE SPECIFIC GUESTS IN ATTENDANCE. . YOUR IDENTITY WILL NOT BE DISCLOSED.

PLEASE RETURN COMPLETED QUESTIONNAIRE/REGISTRATION FORM WITH PAYMENT.
THANK YOU!