



# RU Recovery Program Registration Card

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Note: This information is kept confidential. It is used for the program's recording keeping and will never be released without your prior consent.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact Number \_\_\_\_\_

Have you ever attended RU before? Yes / No

How did you hear about  
the RU Recovery Program?

- Sign in church yard
- Friend/Family
- Other \_\_\_\_\_
- Billboard
- Poster
- RU Student
- Brochure
- \_\_\_\_\_ (record where)

Information request:

(Check all interested in)

- Assistance with courts or probations
- Church Service times and ministries
- Inpatient Program
- How to know you are going to Heaven



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