



PRIDE TRAINING REGISTRATION

I AM REGISTERING FOR THE CLASS BEGINNING (enter date of the first class – see website for dates): _____

Check one: Couple (\$125): _____ Single (\$110): _____

**please note that married couples must both attend the training together.*

Printed full name: _____

Spouse or Partner Printed full name _____

Physical Address: _____ City _____ State/zip _____

Mailing Address (if different from above) _____

Email: _____

Home Phone: _____ Cell: _____ Work: _____

Interested in:

check all that apply

Foster Care through DHW Treatment Foster Care through PATH, ID Adoption

Please send this registration form with your check payable to:

PATH Idaho
9167 W. State Street
Garden City, ID 83714
fax: 208-473-2190

Call Bobbi at PATH for questions or more information: 208-473-2193.

