

LFCA Registration Form

Name: _____

Address: _____

Phone Number: _____

Email: _____

Children

1. Name: _____ Age: _____

Date of Birth: _____ Country of Birth: _____

2. Name: _____ Age: _____

Date of Birth: _____ Country of Birth: _____

3. Name: _____ Age: _____

Date of Birth: _____ Country of Birth: _____

Please list additional children on the back of this page if necessary.

Agency Information:

Which local homestudy agency did you use (or plan to use)? _____

What agency did you use to facilitate your adoption (or plan to use)? _____

Volunteer Opportunities:

____ I am interested in becoming a mentor to a family in the process of adoption.

____ Please match me with a mentor family to guide me through the adoption process.

____ I am interested in hosting an event in my home.

____ I would like to be included in the family directory.

Please list any ideas you have for future events: _____

Please enclose your \$25/year membership donation fee made payable to **Shannon Seymour** (LFCA treasurer) to be utilized toward the administrative needs of LFCA. Contact Shannon at lsucat@cox.net for the mailing address.