

# Thrivent Financial Series



A financial advisor from Thrivent Financial will offer adult educational classes both virtually and in person.

\$5 New Hope Residents  
\$12 Nonresidents

\* 12 p.m. Sessions held via Zoom

^ 6 p.m. Sessions held at Thrivent New Hope office, 9220 Bass Lake Road #385 (light meal provided by Fork and Flair)

## Economic Update - Monday, July 18

Financial topics seem to make the news every day. Should the headlines you see influence the decisions you make regarding your financial strategy? Find out how to use the latest economic data to help you make informed decisions about your money. *Register by July 14.*

**120206-C1:** 12-1 p.m.\*

**120206-C2:** 6-7 p.m. ^

## Investing for Retirement - Monday, August 15

Learn four smart retirement planning moves along with tactical changes you can make to set up your retirement foundation. Learn how to help future-proof your tax bracket and pick up an answer to that nagging question about Social Security. *Register by August 11.*

**120206-D1:** 12-1 p.m.\*

**120206-D2:** 6-7 p.m. ^

**Register with:** New Hope Parks and Recreation, 4401 Xylon Ave N, New Hope, MN 55428  
763-531-5151

Refunds, program credits, or transfers are allowed up to the printed deadline. In the event of illness or injury, refunds may be given after the deadline. A doctor's written verification is required. All refunds are subject to a \$5 service fee. Confirmations are not sent. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account. Phone registrations accepted with a major credit card.

**Online Registration** [www.webtrac.nhrecexpress.com](http://www.webtrac.nhrecexpress.com)

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### 2022 Thrivent Financial Series

Participant Name \_\_\_\_\_ Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Activity/Course \_\_\_\_\_ Date(s) \_\_\_\_\_ Time \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

*I, the undersigned parent or guardian, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, coaches, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the program to be used by the City for promotional materials.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Am Ex/Discover/MC/Visa \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_