

REGISTRATION FORM

NAME _____

DELEGATE: YES NO

SPOUSE _____

DELEGATE: YES NO

EMAIL _____

ADDRESS _____

CITY/TOWN _____

POSTAL _____

PHONE _____

CHURCH _____

CHILDREN

(IF ATTENDING AND NEEDING CHILDCARE)

NAME _____

AGE _____

NAME _____

AGE _____

NAME _____

AGE _____

NAME _____

AGE _____

SPECIAL NOTES

(DIETARY RESTRICTIONS, ALLERGIES, OR SPECIAL NEEDS)



