Cut here and mail with payment to above address. Please note registration dates and amounts for preferred seating.

REGISTRATION FORM

NAME _____

ADDRESS _____
Street **City** **State** **Zip**

PHONE_____ **EMAIL** _____

GROUP? YES _____ **NO** _____ **# IN GROUP** _____ **PREFERRED SEATING?**____ **LOCATION** _____

CHURCH OFFICE USE: PAID _____ CHECK # _____ CASH _____ PAYPAL _____ DATE _____

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