



REGISTRATION FORM

Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ cell _____

E-mail _____

Home church _____

Allergies or other special needs _____

Childcare services needed for _____ children.

Ages: _____

Registration fee:

\$10.00 per person if received by September 10th, 2010

\$15.00 per person after deadline or the day of the event

Please make checks payable to Central United Methodist Church

Return registration fee and completed form to:

Attn: Lisa Sweet

c/o Central United Methodist Church

#5 S. Pennsylvania

Webb City, MO 64870

For more information contact the church office (417) 673-4238

