

PLEASE PRINT NEATLY – ONE FORM PER PERSON – PHOTOCOPY IF NECESSARY

Name _____

Address _____

City _____ State ____ Zip _____

Phone _____

Church _____

Email _____

Registration:

\$65 if received on or before February 20, 2004

\$75 if received after February 20

\$60 Group rate (for groups of 10 or more and received before February 20)

Please indicate quantity and size **(NOTE: Conference fee includes 1 T-shirt)**

Additional T-Shirts, \$10 each

M _____

L _____

XL _____

XXL _____

Total Enclosed \$_____

Please Return this form along with the total amount indicated above to:

Calvary Austin

Attn: Worship Life Conference

9414 Parkfield Drive

Austin, Texas 78758

Checks may be made out to "Calvary Chapel of Austin". Please indicate "worship conference" in the memo space.