

Registration Form

2004 Mid-South Children's Ministry Conference Sept. 9-11, 2004

Note: Please fill out one registration form per person. Make as many copies of this form as you need and send with \$55 payment to:

Calvary Chapel, 9414 Parkfield Drive, Austin, Texas 78758

Please plan to register early so that we can make proper preparations.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Church name: _____

☐ I would like to stay in a host home.

☐ T-shirts: \$12 each S M L XL Quantity: _____

Payment Method

- ☐ Cash
- ☐ Check enclosed (payable to Calvary Austin)
- ☐ Credit Card (please specify type)
- ☐ Visa ☐ MasterCard
- ☐ Discover ☐ American Express

Cardholder Name: _____

Card Number: _____ Expiration Date: _____

Cardholder Address (if different from above):

Address: _____

For Events Center Use Only

_____ Amount Paid ☐ Cash ☐ Credit Card ☐ Check # _____

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