



REGISTRATION FORM

Check Box. Registering for: ☐ Individual (\$35/ea*) ☐ Couple (\$40*)
☐ Group of 10+ (\$20/person*)

For Individual/Couple:

Name: _____
(First) (Last)

Spouse: _____
(First) (Last)

Email: _____ Telephone: _____

Church Name: _____

Will children be attending? ☐ Yes ☐ No

If yes, please include the names & corresponding ages of the children attending 2-11yrs:

What is your ministry role? ☐ Lead Pastor ☐ Staff Pastor
☐ Youth Pastor ☐ Children's Pastor/Director ☐ Ministry Leader
☐ Church Staff ☐ Other: _____

For Group Registration: (use the back to include the names of your group + children)

Church Name: _____

Contact Person: _____

Telephone: _____ Email: _____

Payment must be received no later than 9/1/18

**Cost includes lunch and childcare*

Please make your check payable to: Ventura First Assembly

Attach check and mail to: 346 N. Kimball Rd. Ventura, CA 93004

Names of Adults Attending

Names & Ages of Children

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

Check no. _____ Payment: _____ adults x \$20ea = \$ _____