

# Event Registration Form

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** Daytime/Wk \_\_\_\_\_

Evening \_\_\_\_\_

Cell \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**Food allergies or dislikes** \_\_\_\_\_

\_\_\_\_\_

**An opportunity will be provided to sow a love offering into the ministry as the Lord directs you.**