



Registration Form

Name: _____

Address: _____

City/State/Zip _____

Home Phone: _____ Cell Phone: _____

Email _____

<input type="checkbox"/> <input type="checkbox"/> January 21-22	Registration due 1.9.11
<input type="checkbox"/> <input type="checkbox"/> February 18-19	Registration due 2.6.11
<input type="checkbox"/> <input type="checkbox"/> March 11-12	Registration due 2.28.11

I would like to room with: _____

I have included my payment of:

Room for 2 \$50 per person (\$52.50 Paypal)

Room for 3 \$33 per person (\$34.65 Paypal)

Room for 4 \$25 per person (\$26.26 Paypal)

I would be willing to help with food or snacks for Friday night

Mail to:

Attention: Carol Bowland, College Heights Christian Church
4311 E Newman Rd, Joplin, MO 64801