

Registration Form - Family Discipleship Day

Name: _____

Address: _____

Phone: _____

E-mail: _____

Total number of people: _____ Amount Paid: _____

Registration (please select type): Couple () = \$20 Family () = \$30
Add \$10 for same day registration

Please return form with payment to:
 Laura Craig
 15001 State Route 729
 South Solon, OH 43153
 (740) 604-2258

Please list the names of all people attending and ages of children.

EVENT Info
Saturday, Oct. 13, 2018
8:30 AM - 5:30 PM
United Methodist Church
Jeffersonville, OH 43128