

TRUE WOMEN CONFERENCE

Visalia Evangelical Free Church March 15th & 16th 2019

Office Use Only

- Unpaid
 Paid

REGISTRATION FORM			
Last Name:	First Name:	<input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid
Age (check one): <input type="checkbox"/> 12-19 <input type="checkbox"/> 20-35 <input type="checkbox"/> 36-50 <input type="checkbox"/> 51-64 <input type="checkbox"/> 65+	Home phone no.: ()	Cell phone no.: ()	
Street address:			
City:	State:	ZIP Code:	
Email Address:			
Lunch will be served on Saturday during the conference.			
Do you have any food allergies or medical dietary needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			

IN CASE OF EMERGENCY			
Name of relative or local friend:	Relationship to Attendee	Home phone no.: ()	Cell phone no.: ()

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