

Church Group Registration Form

Church City: _____

Church Phone: _____

Church Name: _____

Group Leader*: _____

*This person will receive your registration confirmation items.

What region are you attending?

North East North West Central East Central Metro Central West South East South West

You will receive one FREE registration with 10 paying guests!

Please note: You must register as a group to receive your free guests. You may include individual registrations for Encounter attendees but this form **MUST BE COMPLETED FOR FREE GUESTS.**

	Name	Address	City	Zip	Regular: \$29 Pre-Apr. 4th	Regular: \$40 Post-Apr. 4th
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
FREE					0	0
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
FREE					0	0
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
FREE					0	0
Pastor's Wife (Free with 5 paying registrants)						
PW						
Total Amount Due:						

Method of Payment
(payable to IDAG Women's Ministries):
 Check Credit Card
 Card Number _____
 Expiration Date _____ CVV Code _____

Return with payment to:
 Lighthouse Assembly of God
 Regional Encounter
 2339 W. Cart Rd.
 Richmond, IN 47374

Office Use Only:
 Date Received: _____
 Method of Payment: _____
 Amount: _____

Questions: 765-966-7525 E-mail: kathyh@lighthouse-ag.org