

# Church Group Registration Form

Church City: \_\_\_\_\_

Church Phone: \_\_\_\_\_

Church Name: \_\_\_\_\_

Group Leader\*: \_\_\_\_\_

\*This person will receive your registration confirmation items.

**You will receive on FREE registration with 10 paying guests!**  
**\*Special Rate is for Single Mothers, Students, and Seniors (+55)**

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

	Name	Address	City	Zip	Regular: \$55 Pre-Aug. 22nd *Special: \$45 Pre-Aug. 22nd	Regular: \$65 Post-Aug. 22nd *Special: \$55 Post-Aug. 22nd
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>FREE</b>					0	0
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
<b>FREE</b>					0	0
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
<b>FREE</b>					0	0
<b>Pastor's Wife (Free with 5 paying registrants)</b>						
<b>PW</b>						
					<b>Total Amount Due:</b>	

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

**Return with payment to:**  
 Indiana Women's Ministries  
 Vital Conference  
 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**