

Church City: \_\_\_\_\_  
 Church Name: \_\_\_\_\_  
 Church Phone: \_\_\_\_\_  
 Group Leader\*: \_\_\_\_\_

\*This person will receive your registration confirmation items.

**Circle the Region You Plan to Attend**

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

**Payment Information**

Checks payable to  
 IDAG Women's Ministries

- Check
- Credit Card

Card Number \_\_\_\_\_

Expiration \_\_\_\_\_ CVV \_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_

**Return with payment to:**

Lighthouse Assembly of God  
 Encounter  
 2339 W. Cart Rd.  
 Richmond, IN 47374

OFFICE USE ONLY	Date Received: _____
	Method of Payment: _____
	Amount: _____

# Church Group Registration Form

**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	\$20 Pre-March 19th	\$35 Post-March 19th
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
<b>One FREE Pastor's Wife Per Church (Free with 5 paying registrants)</b>						
PW						
					<b>Total Amount Due:</b>	

**Questions: 765-966-7525    E-mail: [kathyh@lighthouse-ag.org](mailto:kathyh@lighthouse-ag.org)**