



Registration Form



Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ E-mail _____

DATES ATTENDING CONFERENCE: Please check the sessions you plan to attend.

Sun, Feb. 11th (AM) Sun, Feb. 11th (PM) Mon, Feb. 12th (PM) Tues, Feb. 13th (PM) Wed, Feb. 14th (PM)

MEAL RESERVATIONS: Please indicate **HOW MANY** will join us from your family:

_____ Sun, Feb. 11 (5:00 PM) _____ Mon, Feb. 12 (5:30 PM) _____ Tues, Feb. 13 (5:30 PM) _____ Wed, Feb. 14 (5:30 PM)

CHILD CARE: Will you need child care for any of the evening sessions? No Yes

If yes, please check the dates child care is needed, list how many and the ages of your children.

Dates	Number of Children	Ages of Children
<input type="checkbox"/> Sun, Feb. 11 (PM)		
<input type="checkbox"/> Mon, Feb. 12 (PM)		
<input type="checkbox"/> Tues, Feb. 13 (PM)		
<input type="checkbox"/> Wed, Feb. 14 (PM)		

Please return form to the church office or mail to: West Erwin Church of Christ, 420 West Erwin Street Tyler, Texas 75702
Questions: Call 903.592.0809