

REGISTRATION FORM (please photocopy as needed)

Adults and Youth

#1 Name: _____ Daytime Phone: _____
 Address: _____ Church: _____
 Age Group: Under 20 20-35 36-50 51-65 Over 65 E-mail: _____
 Morning Workshop : _____ Afternoon Workshop : _____

#2 Name: _____ Daytime Phone: _____
 Address: _____ Church: _____
 Age Group: Under 20 20-35 36-50 51-65 Over 65 E-mail: _____
 Morning Workshop : _____ Afternoon Workshop : _____

Children, grades 1-5

#1 Name: _____ Age: _____
 #2 Name: _____ Age: _____

Middle School Assistants in Children's Program

#1 Name: _____ Age: _____
 #2 Name: _____ Age: _____

Baby/Toddler Care (Parents: Please provide lunch at 12:30)

#1 Name: _____ Age: _____
 #2 Name: _____ Age: _____



Please mail this registration form with your check to:

Big Event Registration
 Presbytery of Baltimore
 5400 Loch Raven Blvd.
 Baltimore, MD 21239

Questions? Call the Presbytery Office at 410-433-2012

FEES:

Fees include lunch unless otherwise noted.

Number of Adults/Youth _____ X \$25 = _____
 Number of Children _____ X \$15 = _____
 Number of middle-schoolers _____ X \$15 = _____
 Number of babies/toddlers _____ X \$10 = _____
 Total: _____

METHOD OF PAYMENT:

Check #: _____ MasterCard Visa

 Credit Card # _____ Exp. date _____

 Signature (required for credit card only)