



SPIRITUAL RENEWAL WEEKEND
AUGUST 28-30, 2009

REGISTRATION

COST: \$30 FOR ADULTS AND \$15 FOR CHILDREN

*IF YOU ARE REGISTERING MULTIPLE ADULTS, OTHER THAN A SPOUSE, PLEASE INCLUDE THEIR INFORMATION WITH YOUR REGISTRATION.

First Name _____ Last Name _____ Spouse (if attending) _____
Address _____ City _____ ST _____ Zip _____
E-Mail _____ Phone _____
Home Church _____

CHILDREN & TEENS (circle age or specify grade)

Name _____ [0-23 mo] [2] [3] [4] [5] Grade _____
Name _____ [0-23 mo] [2] [3] [4] [5] Grade _____
Name _____ [0-23 mo] [2] [3] [4] [5] Grade _____
Name _____ [0-23 mo] [2] [3] [4] [5] Grade _____
Name _____ [0-23 mo] [2] [3] [4] [5] Grade _____

Total Adults Attending _____ x \$30.00
Total Children Attending _____ x \$15.00
Total Amount \$ _____ (Please make checks payable to STREAM)

Payment Type (Please Circle): Check Cash Visa MasterCard
Credit Card Number: _____
Expiration Date: _____

PLEASE SEND REGISTRATION TO:

STREAM
PO BOX 682743
FRANKLIN, TN 37068

PHONE (615) 791-8855, FAX (615) 790-0626
INFO@STREAMWORSHIP.ORG