



SPIRITUAL RENEWAL WEEKEND
JANUARY 29-31, 2010

REGISTRATION FORM

ADULT and CHILDREN REGISTRATION: **\$30 FOR ADULTS AND \$15 FOR CHILDREN**
***IF YOU ARE REGISTERING MULTIPLE ADULTS, OTHER THAN A SPOUSE, PLEASE FILL OUT SEPARATE FORMS FOR THOSE ATTENDING.**

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