



THE LIGHT KIDS CONFERENCE

2017 Group Registration Form

PLEASE SELECT THE DATE/LOCATION:

<input type="checkbox"/> Washington, IL March 4	<input type="checkbox"/> Troy, IL March 25	<input type="checkbox"/> Marion, IL April 1
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CHURCH / ORGANIZATION NAME:

Church / Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

ADULT IN CHARGE OF THE GROUP AT THE LIGHT:

Name: _____

Title: _____

Cell Phone: () - _____

Email: _____

PRICING:

Early Student Registration— \$ 23	Regular Student Registration—\$ 28
Early Adult Registration— \$ 18	Regular Adult Registration—\$ 23
<i>Postmarked 2 weeks before event</i>	<i>Must be paid before the event</i>

Register at the Door: Student—\$ 33 Adult Leader/Sponsor—\$ 28

REGISTRATION NUMBERS FOR YOUR GROUP:

Total Students: _____ Total Adults: _____ Total # Registered: _____

Please list the names of everyone in your group on the following page.

AMOUNT ENCLOSED: \$ _____

Please send **ONE** check. Make check payable to **Harvest Ministry**.
Mail registration to: Harvest Ministry, 407 Edwardsville Rd., Troy, IL 62294

Office Use Only:	Check No.: _____	Amount: _____
Notes: _____		

