



2009 Adult Program Registration Form

Monday, July 27- Thursday, July 30, 2009

6:00-8:30PM

Instructions:

- PRINT all information on this form.
- Please be sure to complete all information and Include FIRST and LAST names and EMAIL address.

Reminders:

- Return this form to All Saints Lutheran Church with your check payable to *All Saints* by June 15, 2009.

Name of Attendees (Please Print)			
First	Last	Male(M) Female(F)	T-Shirt Size Adult M/L/XL/XXL

Email: _____

Home Address: _____

Home Phone: _____ Home Church: _____

Registration Type: (Check one)	Office Use
<input type="checkbox"/> Full Week \$20.00	Date Rec'd CK _____ CA _____
<input type="checkbox"/> Daily Fee \$6.00/each Days Attending ___M ___T ___W ___R After July 1, 2009 all Registration fees will Increase to \$25 per person.	
Total: \$ _____	

Financial scholarships are available to attend VBS. For more information on scholarship availability, please contact either: Pastor Jenn Moland-Kovash or Pastor Seth Moland-Kovash at 847-991-2080.

