

2009 Two Week Meeting Registration

July 26th to August 7th

Mail this completed form to:

Church of Christ
106 SW Murray Rd.
Lee's Summit, MO 64081

Personal Information:

Name _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip _____
Email _____ Telephone _____
If 17 or younger enter DOB* _____ If 15 or younger enter name of responsible adult* _____

* Be sure to complete a health care release form

Male members, are you willing to participate?

Songs Reading Prayer

Additional Family Members:

	<i>Last</i>	<i>First</i>	DOB			
Spouse	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
Child 1	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
Child 2	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
Child 3	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
Child 4	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
Child 5	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
Child 6	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
Child 7	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
Child 8	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>

Male members, are you willing to participate?

Songs Reading Prayer

Arrival Date _____ Departure Date _____

Transportation:

- Have my own transportation
- Need transportation during the meeting

I need to be met at: (include arrival information in comments section)

- Airport
- Bus Station
- Train Station

Housing: (special requirements? note in comments section)

- Yes, I will need housing during the meeting

Housing questions may be directed to:

Jenny Jennings
(816) 268-0126
joeandjennykay@gmail.com

Comments: _____

Check here if comments continue on the back

For more information go to www.murrayroadcoc.org