2015 Two Weekends Meeting Registration

July 25th to August 2nd

Mail this completed form to:

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

Personal Information: Last First					to par Songs	e e .		
Name								
Address 1 Address 2								
City		State	Zip					
Email		Telephon	e					
If 17 or younge	younger If 15 or younger enter OB* name of responsible adult*							
enter DOB*			re release form					
		· be sure to complete	e a neaim cai	e release jorm				
						nbers, are yo	ou willing	
Additional Far				5.05		rticipate?	D	
~	Last	First		DOB	Songs	Reading	Prayer	
Spouse _								
Child 1								
Child 2 _								
Child 3								
Child 4								
Child 5								
Child 6								
Child 7								
Child 8								
		Depar						
Transportation			I need	to be met at:	(include arrival inf	formation in con	nments section)	
Have my own transportation				rport				
\square Need transportation during the meeting				s Station				
			\Box_{Trans}	ain Station				
Housing: (special requirements? note in comments section) He				Housing	questions m		cted to:	
\square Yes, I will need housing during the meeting					Cindy Morri			
				(816) 865-6498 register.murrayroadcoc@gmail.com				
				register	.murrayroadc	oc@gmail.	com	
Comments:								
		Check here if comme	nts continue	on the back 🗖	1			

For more information go to www.murrayroadcoc.org