

All-Access Church Conference Registration Form

(For registration and payment by mail)

Please Print This Form, Complete, and Mail

Name of Leader or Individual _____

(add group members in box below if applicable)

Mailing Address _____

City _____ Zip _____

Cell Phone _____

Best Email _____

Church _____

City _____ Zip _____

Food allergies or restrictions (if any). If this applies to a Group member, please indicate number(s):

_____ # _____

Special accommodations (if any). If this applies to a Group member, please indicate number:

_____ # _____

Group member 2 _____

Group member 3 _____

Group member 4 _____

Group member 5 _____

Group member 6 _____

Total number: 1 to 3 x \$30 ea = \$ _____ | 4 to 9 _____ x \$25 ea = _____ | 10 or more: \$20 ea = \$ _____

Please select one of the above pricing categories

Mail this form with a check, or provide your credit card information below:

Name on credit card _____

Billing address _____ City _____ Zip _____

Type of card: ___ Visa ___ Master Card ___ American Express ___ Discover

Credit card number _____

Expiration date ____/____ Security Code _____ Amount to be charged on card \$ _____

Please mail this form to:

Joni and Friends Sacramento, 5280 Stirling St. #103, Granite Bay, CA 95746

THANK YOU!