

***Return this registration form to :**

The Family Church-A/G-Revival Center, Box 92, Fort Defiance, AZ 86504-0092*

Please make Checks/Money Orders payable to: The Family Church Assembly Of God

REGISTRATION FORM:

NAME: _____ { \$30.00 Registration Fee }

ADDRESS: _____ *Includes Workshop, Meals & Banquet*

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ ~ **NEED A ROOM:** Yes ___ No ___

PHONE#: _____ **CELL#:** _____ **E-MAIL:** _____

SPECIAL NEEDS: _____

CHURCH NAME: _____ **PASTORS NAME:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP CODE:** _____

I understand that the 15th Annual Women's Conference and The Family Church Assembly of God, Revival Center, Fort Defiance, Arizona is not responsible for any accidents, theft or physical injuries during the conference.

For more information contact the Family Church-A/G, Office#: (928)729-5448
Fax#: (928) 729-2233, Carolyn Bailey (928) 221-8151

SIGNATURE: _____ **DATE:** _____

There will be 10 Motel Rooms available (4 ladies in a room) for first 40 ladies with Paid Registration that are traveling a great distance to attend. Ladies get your registration in ASAP for the 15th Annual Women's Conference.

Office Use Only:

Received By: _____ *Date:* _____

___ Cash _____ *Amount:* _____

___ Check #: _____ *Amount:* _____

___ Money Order #: _____ *Amount:* _____

RECEIPT	Date ____ / ____ / ____		Number _____										
	Received from _____			\$ _____									
	_____ Dollars												
	For Payment of _____												
	From _____		To _____										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Amount Due</td><td style="width: 50px;"></td><td style="width: 50px;"></td></tr> <tr><td>Amt Paid</td><td></td><td></td></tr> <tr><td>Balance</td><td></td><td></td></tr> </table>	Amount Due			Amt Paid			Balance			<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order	Check No. _____ Money Order No. _____	
Amount Due													
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