

PLEASE SELECT THE DATE/LOCATION:

Champaign, IL
October 8-9

Troy, IL
October 22-23

CHURCH / ORGANIZATION NAME:

Church / Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

ADULT IN CHARGE INFORMATION:

Name: _____

Title: _____

Cell Phone: (_____) _____ - _____

Email: _____

PRICING:

Early Student Registration—\$ 35

Regular Student Registration—\$ 45

Postmarked 2 weeks before event

**Adult leaders/sponsors are free when attending the event with a group.

REGISTRATION NUMBERS:

Total Students: _____ Total Adults: _____ Total # Registered: _____

AMOUNT ENCLOSED:

\$ _____

Please send **ONE** check. Make check payable to **Harvest Ministry**.

Mail registration to: Harvest Ministry, 401 Edwardsville Rd., Troy, IL 62294

If you would like to pre-order Ignition T-Shirts—please contact the Harvest Staff at harvest@harvestconferences.org

Office Use Only: Check No.: _____ Amount: _____

Notes: _____