



The Light Kids Conference

2012 Group Registration Form

PLEASE SELECT THE DATE/LOCATION:

<input type="checkbox"/> Marion, IL March 3	<input type="checkbox"/> Washington, IL March 10	<input type="checkbox"/> Troy, IL March 24
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CHURCH / ORGANIZATION NAME:

Church / Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

ADULT IN CHARGE AT THE LIGHT:

Name: _____

Title: _____

Cell Phone: (_____) _____ - _____

Email: _____

PRICING:

Early Registration— Student \$ 20 Adult \$ 15

Postmarked 2 weeks before event

Regular Registration—Student \$ 25 Adult \$ 20

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, 407 Edwardsville Rd., Troy, IL 62294

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

Notes: _____