Participant Registration (Please fill out everything)

Name:	Male:	Female:	Birth date:_	//
Address:	City:		_State:	Zip:
Home Phone:	_Cell Phone	: <u> </u>	E-mail:_	
Marital Status :(S,M,Sep,D,W) Name of Spouse:				
Which language do you prefer?	English	Spanis	h Oth	er
Emergency contact name and number:				
(Specify) Spouse: Child:_	Loved	One:((relationship to	you)
Do you attend The Church of the Living God? Yes: No:				
If no, where do you attend?				
Do you have children? Yes No* Is there anything else we need to know? (i.e. allergies to food, special needs) Yes: No:				
Do you have any family attending with you? Yes No If yes their name please				
Who invited you to the Encounter?				
There is a fee of \$90.00 per person which includes meals. Space is limited and registration is required. Fee needs to be paid in full by the date of your Encounter. Doors open at 8am the day of the Encounter. Please arrive at the Church of the Living God at 701 N. Main Street in Findlay, Ohio no later than 8:30am Saturday morning.				
Pre-Registration to secure your s Remaining balance \$60.00	space: \$30.00 -	0	Due at tim Due at En	ne of sign-up counter
(We are not accepting personal checks; ple inconvenience this may cause.)		-	cashier's check or ca	ash. Sorry for any
I hereby release Church of the Living God, its st activities. I also give my consent to the usage of acknowledge that I will not receive any payment	aff, and/or member f any photography	or videotaping of n	nyself and/or my testim	nony to this Church. I also
Name of Particip	oant:			

Age of Participant:

Participant Signature:

(Parent or Guardian if a minor)