



Registration Form-Try to Include Roommates Form in one envelope.

Last Name: _____ First Name: _____

Address: _____ Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Roommate Suggestions: Christian Growth Center 3 per room

1. _____
2. _____
3. _____

Friday and Saturday: \$50; Friday & Saturday Commuters or Campers: \$40; Saturday only: \$35

Make checks payable to LWML-CID

Registration Deadline September 23, 2024

Send Registration forms to: Deloris Blessman, 24204 CR 1850N, Topeka, IL 61567