

REGISTRAION FORM

Sisters in Faith * 2017 * March 4

Hosted by Lamont UMC / 212 W Madison, Lamont, OK

The following is to be filled out by the ATTENDEE. Please provide all information requested (PLEASE PRINT)

NAME:				
MAILING ADDRESS:				
СІТУ:		STATE	ZIP	
НМ РН:	CELL	#		
EMAIL:		MARRIED	SINGLE	
OCCUPATION (if retired lis	st former):			
SPECIAL DIATARY REQUIR	REMENTS:			
CHURCH YOU ATTEND:		CITY		
NUMBER OF CHILDREN	AGES		AT HOME	
IS CHILD CARE NEEDED:	[YES / NO] IF YES, HO	OW MANY:		
	O CARE:			
T-Shirt Size	Emergency Contact	t:		
do assume all of the risks existing and to hold harmless Sisters in Fath and Ficlaims, demands, actions or right of acactivity, including liability, claim or riby Sisters in Faith or the church. My	irst United Methodist church of Lamor ction which are related to, arise out of, ight of actio alldgedly attributable to a	rience. I voluntarily re ntet (here in call the C , or are in any way con ny alleged negligent a nad sufficient opportur	elease and forever discharge and agree hurch) from any and all liability, nnected with any participation in this ct of alledged negligent failure to act hity to read this Waiver and Release of	
I intend to be present for the entire	e Sisters in Faith Conference and I	I have read and com	pleted this form:	
Attendee's Signature :		I	Date:	



Please Enclose Registration fee of \$35.00 Registration after 02/20/17 is \$45.00 Make payable to Sisters in Faith % Lamont UMC. Send to PO Box 70, Lamont, OK 74643. You may eMail this form to: SIF@lamontumc.org

