

GUEST

Registration Form

Please Print



Today's Date: _____

| | | | |
|-----------------------------|---------|------------------------------|--|
| NAME | ADDRESS | | |
| CITY | STATE | ZIP | |
| HOME PHONE | EMAIL | | |
| NAME YOU PREFER ON NAME TAG | AGE | # OF CHILDREN AT HOME & AGES | |

Male ____ Female ____ Married ____ Single ____

Church you attend (if applicable) _____ Pastor's Name _____

Can you be contacted at work? ____ Work Phone: _____ Cell Phone: _____

Are you on a doctor prescribed medical diet (diabetic, etc)? Explain: _____

Are you on any special medication where timing is critical? Explain: _____

Do you have health or physical concerns that may affect your attendance? Explain: _____

Have you ever attended a similar weekend? If so, which one and where? _____

If your spouse has not attended, have they also submitted an application to attend? _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Sponsor (someone who attended similar weekend) Name: _____ Phone: _____

Please state briefly why you wish to participate in the Lamplighter weekend (Use reverse side if necessary):

X _____
 Signature Date

All of the above information is necessary for your proper placement on the Lamplighter weekend. Please fill in all blanks. It is highly recommended that husbands and wives attend at the same time of year if possible. There is a \$10.00 charge to register for the weekend. Please make check payable to Grace Community Church and write "Lamplighter - registration fee" on the memo line.

This form is an application and its submittal does not guarantee an invitation to attend an upcoming weekend.
IMPORTANT: Upon receipt of a Guest Invitation, you must confirm or cancel your participation in the weekend by the date specified.

| | | | | |
|-----------------------|------------|--------------------------|---------------------------|-----------------|
| Lamplighter Use Only: | | | | |
| Res rec'd _____ | Paid _____ | Sponsor form Rec'd _____ | Confirmation mailed _____ | Confirmed _____ |

Submit check payable to Grace Community Church. Write "Lamplighter - registration fee" on the memo line.
 Return form & payment to: Lamplighter Ministries, Inc. - P.O. Box 501795 - Indianapolis, In. 46250 (317) 979-7100 -- or sign up online at lamplighterministriesinc.org