

GULF MEADOWS CHURCH**Women's Conference Registration**

PLEASE PRINT CLEARLY

First Name _____ Last Name _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____

Work Phone _____ Other Phone _____

Age _____ Date of Birth ____/____/____ Preferred Language: English Spanish

E-mail _____

I will be attending the following sessions: Thursday (pm) Friday (am) Friday (pm) Saturday(am) Saturday(pm)**Nursery will be available for children ages 2-4 years throughout the Conference****EXCEPT for the Friday morning sessions.** Please specify if you will be using Nursery: Thursday (pm) Friday (pm) Saturday(am) Saturday(pm) Number of children: _____**Have you attended a Women's Retreat at GMC?** Yes No**CONFERENCE PERSONNEL ONLY**1st Gen Leader: _____2nd Gen Leader: _____

Other Church Name: _____

Pastor's Name: _____

REGISTRATION PRICE \$12			
Date	Amount	Payment Method	
	\$		

All payments are NON-REFUNDABLE.