

Reg # _____ Reg _____ S _____ C _____

Amt. Rec'd _____ Amt Owed _____

Other _____

REGISTRATION FORM
Kaleidoscope of Missions 2007

PLEASE COPY AS NEEDED

May 5

Church Information

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Association _____

Locations: Check appropriate box.

NEBRASKA

- Valentine – First Baptist Church
- West Bellevue – West Bellevue Church

KANSAS

- Junction City – 4-H Complex, sponsored by FSBC
- Olathe – Vista Baptist Church

REGISTRATION:

Registration Fee:..... \$ 5 per person
(Postmarked by April 5) Fees are not refundable after the deadline date.

Make CHECK payable to: KNCSB and Mail Forms – Registration, and Sponsor
with check to Women in Missions and Ministry Department, 5410 SW 7th Street,
Topeka KS 66606-2398.

Medical Releases should be kept for traveling purposes.

What to Bring: Bible, Pen/Paper, sack lunch (drinks provided).

INDICATE THE FOLLOWING:

L for Leader; S for Sponsor only
 (Include all Adults)

Record Grade
of Child attending
(Grade during 06-07 school year)

SPECIAL NEEDS: ???

(Physical, Medical, Food Allergies,
 etc.) Use back for details.

****First Person Listed is assumed to be the Primary Group Leader. Day and Evening Phone numbers are requested for this person only.**

NAME	ADDRESS	CITY ST ZIP	PHONE	EMAIL			PLEASE PRINT
1			D				Medical Releases are REQUIRED on all children attending. Medical Releases should be kept for traveling purposes. Sponsor Forms are required at the time the registration form is mailed.
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