

For Office Use Only

___ Group
___ # Registered
___ Paid
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Glow Retreat Registration Form

Webster Conference Center, Salina, KS

October 2 & 3, 2009

Please copy as needed

Group Leader _____ Church _____

Leader Address _____ City _____ State _____ Zip _____

E-mail _____ Daytime phone _____

Payment must accompany registration. Make checks payable to KNCSB. Number Attending _____ x \$30 per person = \$ _____

Mail to: *Women's Leadership, 5410 SW 7th St, Topeka, KS 66606-2398* (\$35 per person after September 2nd)

Include Registration, Sponsor forms, Medical Release forms and payment.

Registration is complete when all forms and payment have been received.

Adults: S-Sponsor, M-Mother

Name	School Grade	Adult (L, S, M)	E-mail	Special Needs
2				
3				
4				
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10				