

For Office Use Only

___ Group
___ # Registered
___ Paid
___ Owe

Shine Conference Registration Form

Webster Conference Center, Salina, KS

November 13 & 14, 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 \$35 per person = \$ _____

Mail to: *Women's Leadership, 5410 SW 7th St, Topeka, KS 66606-2398* (\$40 per person after October 6th)

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 Sponsor	T-Shirt Size	E-mail	Special Needs
2					
3					
4					
5					
6					
7					
8					
9					
10					

Questions? Call KNCSB at 1-800-984-9092 or 785-268-6800 or E-mail hnelson@kncsb.org