

For Office Use Only

\_\_\_ Group  
\_\_\_ # Registered  
\_\_\_ Paid  
\_\_\_ Owe

**S.H.I.N.E. Conference Registration Form**  
**Webster Conference Center, Salina, KS**  
**November 14 & 15, 2008**

**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 in Missions and Ministry, 5410 SW 7<sup>th</sup> St, Topeka, KS 66606-2398* (\$40 per person after October 7<sup>th</sup>)

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

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

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