

# S.H.I.N.E. Registration Form 2007

Please make a copy of your completed registration form to mail so that you may keep the brochure for future reference.

Name of Group Leader		
Group Leader Address		
City	ST	Zip
Daytime Phone	Email Address	
Church City	Church Name	
Association		

Please enter each person attending below. Be sure to mark grade for students and indicate Sponsors with (S).

Registrations are not accepted unless accompanied with payment and proper forms (medical releases/sponsor forms) completed in full.

Name	T-Shirt Size	Grade	Special Needs
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

# Registered x \$30 =      Amount Due

\_\_\_\_\_ x \$30 = \_\_\_\_\_

If registration is postmarked after October 9, add \$5 per person to the amount due. Registration must be postmarked by October 17.

Fee covers 1 nights lodging, and 2 meals  
(Breakfast and Lunch on Saturday).

Where to send Forms and Fees:

**Church Checks** should be made payable to **KNCSB** and mailed to the *Women in Missions and Ministry Dept.*, 5410 SW 7th St., Topeka, KS 66606-2398, along with registration form, medical releases, and sponsor forms.