



REGISTRATION FORM

Registration Deadline: September 16, 2024

Church Name: _____

Please provide telephone numbers for participants who prefer to join by telephone (Please Print)

Name _____

Email: _____ Telephone No. _____

Name _____

Email _____ Telephone No. _____

Name _____

Email _____ Telephone No. _____

Name _____

Email _____ Telephone No. _____

Name _____

Email _____ Telephone No. _____

Name _____

Email _____ Telephone No. _____

Number of Attendees: _____

Number of Checks: _____

Total Offering Amount Enclosed: \$ _____

Mail/ Email Checks and Completed Registration Form to:

Hildegarde Burress
401 E. 32nd St., Apt. #2201
Chicago, IL 60616-4069

*Email: hilda.burress@comcast.net

Make checks payable to: UWFaith/LSD