FALL 2018 REGISTRATION FORM ABWM-PBA

SPRING GATHERING SATURDAY, APRIL 7, 2018

HOST CHURCH DARE TO IMAGINE CHURCH, 6610 ANDERSON STREET, PHILA., PA 19119 LEAD PASTOR: REV. DR. KEVIN R. JOHNSON

AB GIRLS REGISTRATION \$10.00 – (Ages 5-18)
Return Registration Fee & Form to Registrar

Carol Wallace, Registrar, 4 Fox Run Lane, Newtown Square, PA 19073 Email: cdwsunny@aol.com Telephone: 267-500-4553

Make Checks/Money Orders Payable to: ABWM-PBA

<u>Deadline for Payment of Registration Fee</u>: Monday, March 19, 2018 **ALL REGISTRATION FEES must be paid in advance and NO Walk-Ins**

Please PRINT information: Name ______ AB GIRLS (AGE)_____ Mailing Address _____ City/State/Zip Code_____ Phone Day _____ Cell ____ Email Address _____ Please PRINT information: Name _____ AB GIRLS (AGE)_____ Mailing Address _____ City/State/Zip Code_____ Phone Day _____ Cell ____ Email Address _____ Please PRINT information: _____ AB GIRLS (AGE)_____ _____ City/State/Zip Code_____ Phone Day _____ Cell ____ Email Address _____ Please PRINT information: AB GIRLS (AGE)_____ _____ City/State/Zip Code_____ Phone Day _____ Cell ____ Email Address ____ Church _____

Please PRINT information:			
Name		AB GIRLS (AGE)	
Mailing Address			City/State/Zip Code
Phone Day	Cell	Email Addres	s
Church			
Please PRINT information:			
		AB GIRLS (AGE)	
			City/State/Zip Code
			s
Please PRINT information:		AD CIDIC (ACT)	
		AB GIRLS (AGE)	
			_ City/State/Zip Code
			S
Church			
Please PRINT information:			
Name		AB GIRLS (AGE)	<u> </u>
Mailing Address			_City/State/Zip Code
Phone Day	Cell	Email Addres	s
Church			
Please PRINT information:			
		AB GIRLS (AGE)	
			City/State/Zip Code
			s
		Email Addres	
Please PRINT information:			
Name		AB GIRLS (AGE)	
Mailing Address			City/State/Zip Code
Phone Day	Cell	Email Addres	s

Church _____