

REGISTRATION FORM

Early Registration Deadline: May 31st

Name: _____ Spouse: _____ Phone _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Email Address: _____ SKYPE Address: _____ Twitter Name: _____
 Your CFN Leader: _____ Your Ministry: _____ Spouse's Ministry: _____

CHECK APPLICABLE BOX:	early	as of June 1st	at the conference
<input type="checkbox"/> Single Adult Registration	\$35.00	\$45.00	\$50.00
<input type="checkbox"/> Family Registration	\$50.00	\$60.00	\$65.00

***** PLEASE MAKE ALL CHECKS PAYABLE TO CFN *****

NURSERY REGISTRATION -- 0 thru 5 yrs of Age

Child's Name _____
 M F Age: _____ Date of Birth ___/___/___

Child's Name _____
 M F Age: _____ Date of Birth ___/___/___

Child's Name _____
 M F Age: _____ Date of Birth ___/___/___

Child's Name _____
 M F Age: _____ Date of Birth ___/___/___

CHILDREN REGISTRATION -- K - 5th Grade

Child's Name _____
 M F Age: _____ Date of Birth ___/___/___

Child's Name _____
 M F Age: _____ Date of Birth ___/___/___

Child's Name _____
 M F Age: _____ Date of Birth ___/___/___

Child's Name _____
 M F Age: _____ Date of Birth ___/___/___

YOUTH REGISTRATION -- 6th - 12th Grade

Child's Name _____
 M F Age: _____ Date of Birth ___/___/___

Child's Name _____
 M F Age: _____ Date of Birth ___/___/___

Child's Name _____
 M F Age: _____ Date of Birth ___/___/___

Child's Name _____
 M F Age: _____ Date of Birth ___/___/___

**PLEASE MAIL THIS FORM ALONG WITH YOUR REGISTRATION FEES, CONSENT FORMS (IF APPLICABLE)
AS WELL AS ADDITIONAL INFORMATION NEEDED (MINISTRY DISPLAY INFO, GOLF OUTING, ETC.)**

CHURCH FOUNDATIONAL NETWORK

2221 S. Blue Angel Pkwy. Pensacola, FL 32506

ATTN: Kristin Lipscomb -- kristin@libertychurch.net | (850) 453-4318 | www.cfnonline.org