

Registration for Samuel School I - 2011

(Please print clearly or type)

Name of Church _____

Contact Person & Phone:

Samuel

1. Name _____ Phone (____) _____ M/F

Mailing Address _____ City _____ State ____ Zip _____

Adult "Eli"

1. Name _____ Phone (____) _____

Mailing Address _____ City _____ State ____ Zip _____

Samuel

2. Name _____ Phone (____) _____ M/F

Mailing Address _____ City _____ State ____ Zip _____

Adult "Eli"

2. Name _____ Phone (____) _____

Mailing Address _____ City _____ State ____ Zip _____

Alternates:

1. Name _____ Phone (____) _____ M/F

Mailing Address _____ City _____ State ____ Zip _____

2. Name _____ Phone (____) _____ M/F

Mailing Address _____ City _____ State ____ Zip _____

Registration Form due by Friday, September 23, 2011

MAKE CHECKS PAYABLE TO: NWYM of Friends Church (\$155.00 per person)

Send to: NWYM

200 N. Meridian St

Newberg, OR 97132-2714