

Church Information: (please type or print clearly)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: () _____ Fax: () _____

E-mail: _____

Contact Person Information: (please type or print clearly)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Cell/Alt. Number: () _____

E-mail: _____

Please complete the group registration form on the back. If you need more room, please make a photo copy of the blank form and attach it. When the group registration form is completed, please use it to fill in the information below. **Completed registration forms must be received no later than September 8th, 2008.**

Registration Fee: \$40.00

Number of Leaders Attending: _____ X \$40.00 = \$ _____

Number of Students Attending: _____ X \$40.00 = \$ _____

Amount Enclosed: \$ _____

For Office Use Only:

Amt. Received: _____ Date Received: _____ Amt. Due: _____

Payment Method: _____ Check #: _____ Initials: _____

Notes: _____

Mail Registration Forms and Check to:

**Cucamonga Christian Fellowship
Jewels Conference Registration
9592 7th Street. Archibald Ave., Rancho Cucamonga, CA 91730
Attn: Kathy France**