

Signature _

Reservation Form

Please return this form, along with deposit, by February 20th to complete Step 2

| Contact Person: _ | Registration #: |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Church: | Email: |
| Address: | |
| City: | ST: Zip: |
| Phone: | Alt. Phone: |
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| | O - April 27-29 Myrtle Beach, SC - May 4-6 |
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