

Sno Feast 2009 Vision Convention Registration Form

Church Name:
Group Leader:

Name	Parents	Emergency Phone Number	Total
1.			\$30
2.			\$30
3.			\$30
4.			\$30
5.			\$30
6.			\$30
7.			\$30
8.			\$30
9.			\$30

Total Amount Due: \$ _____ (checks made payable to Kimball Church of Christ)

Please check if you are attending without a youth group and need transportation.

Please indicate leaders/ chaperones with an asterisk
Please indicate any special needs or disabilities

Call 320-398-3660 with questions

Mail this form and checks to Sno Feast/Minnesota Christian Teen Convention, Kimball Church of Christ, PO Box 159, Kimball, MN 55353