



REGISTRATION

PLEASE COMPLETE THE FOLLOWING INFORMATION (please print):

FIRST NAME: _____

LAST NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

HOME/MOBILE NUMBER: _____

E-MAIL ADDRESS: _____

WOULD YOU LIKE TO BE ADDED TO OUR MAILING LIST? Yes_____ NO_____

CHURCH HOME: _____

REGISTRATION FEE: \$20.00

PLEASE REGISTER BY SEPTEMBER 15TH

PLEASE MAKE CHECKS PAYABLE TO:

LIGHTHOUSE OF HOPE
PO BOX 4213
CLARKSBURG, WV 26302