

REGISTRATION FORM

Early Registration Deadline: June 1st

Very Important Note: Registration forms mailed after June 1st will not be received in time prior to our departure to Carrollton.
 Therefore after June 1st, please register at the conference.

*Required Data

*Name: _____ Spouse: _____ *Phone: () _____

*Mailing Address: _____ *Email: _____
Street City State Zip Code

*Your CFN Cell Leader: _____ *Your Ministry: _____ Spouse's ministry: _____

CHECK APPLICABLE BOX:

	<i>early</i>	<i>as of June 1st</i>	<i>at the conference</i>
<input type="checkbox"/> Single Adult Registration --	\$35.00	\$45.00	\$50.00
<input type="checkbox"/> Family Registration -----	\$50.00	\$60.00	\$65.00

Holiday Inn Express (1-770-838-0508) 104 S. Cottage Hill Rd., Carrollton, Ga.
Hampton Inn (1-770-838-7722) 102 S. Cottage Hill Rd., Carrollton, Ga.
Jameson Inn of Carrollton (1-770-834-2600) 700 South Park St., Carrollton, Ga.
Make hotel reservations under CFN room block!

Please remember to make
 your own hotel reservations
 by May 15th.

For more details, go to:
www.cfnconference.com
 or call 252-447-7839

Make all Checks payable to CFN

Nursery/Preschool Registration

Newborn through those entering K-5 in the Fall (2009)

Child's Name _____
M F Age: ____ Date of Birth: ____/____/____

Child's Name _____
M F Age: ____ Date of Birth: ____/____/____

Child's Name _____
M F Age: ____ Date of Birth: ____/____/____

Child's Name _____
M F Age: ____ Date of Birth: ____/____/____

Children's Registration

For those entering 1st - 5th grade in the Fall (2009)

Child's Name _____
M F Grade Entering: _____ Age: _____
(Fall 2009)

Child's Name _____
M F Grade Entering: _____ Age: _____
(Fall 2009)

Child's Name _____
M F Grade Entering: _____ Age: _____
(Fall 2009)

Child's Name _____
M F Grade Entering: _____ Age: _____
(Fall 2009)

Youth Registration

For those entering 6th - 12th grade in the Fall (2009)

Child's Name _____
M F Grade Entering: _____ Age: _____
(Fall 2009)

Child's Name _____
M F Grade Entering: _____ Age: _____
(Fall 2009)

Child's Name _____
M F Grade Entering: _____ Age: _____
(Fall 2009)

Child's Name _____
M F Grade Entering: _____ Age: _____
(Fall 2009)

Please mail this form with your registration fees in the envelope provided to:

Liberty Christian Church
 81 Shepard Street * Havelock, NC 28532
 ATTN: Marsha Roberts
 Telephone: (252) 447-7839 E-mail: marsha@libertync.org
MAKE ALL CHECKS PAYABLE TO CFN