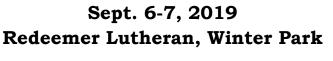
PARISH SYNOD DEACON RETREAT Sept. 6-7, 2019





Registration Form

Please Print

If you are attending the retreat, please complete this form and return it along with your check. Do not complete this form if you ARE NOT attending the retreat. Thank You

Yes, I WILL attend	the retreat
Yes, my spouse	will also attend.
Other person atter	ding:
Your Name:	Phone No
Mailing Address:	
City, State, Zip:	
E-mail Address:	
Home Church:	Phone No.
Church Address:	
City, State Zip:	
Pastor's Name:	
Pastor's E-mail Address:	
Any food allergies or die	requirements: Yes or No (please circle) If yes, please indicate:
TOTAL DUE: \$	(Number of persons attending times \$65.00 each)
Make Checks Payable to:	Deacon Oversight Committee
***on the memo line plea	se state <u>"2019 Deacon Retreat"</u>
Address the envelope to:	Deacon Marcy Kysilka, 2837 Lake Baldwin Lane, Apt. B-104, Orlando, FL 3281

Deadline for registration is August 15,2019. If you have any questions, please contact the Deacon Committee Oversight chairperson by e-mail at deaconchair@yahoo.com.