



REGISTRATION FORM

Conference Dates: February 23, 24 & 25, 2012

One form per person/couple please.

Name: _____

Name of Spouse: (*Married couple registration*) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____

- I am registering as:**
- A Single Adult \$59**
 - A Youth/College Student \$39**
(College ID required)
 - A Married Couple \$99**

Total Due: \$ _____

I would like to make my registration payment by:

- Cash Check # _____ Credit Card

Name as printed on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Circle Card Type: Visa / MC / Amex

Expiration Date: ___/___ Total Being Charged: \$ _____

Signature: _____ Date: ___/___/12

Checks can be mailed to the address below and made payable to: FRESH FIRE.
Fresh Fire Ministries 415 Old Town Road Port Jefferson Station, NY 11776