

Registration Form

Team of Fight - \$200.00

1.9 4_00.00	
Your Name:	Team Name:
Phone Number:	Email Address:
Teammates (if known):	
	
	
	
Individual – \$30.00	
Your Name:	
Phone Number:	Fmail Address:

Submit this form with payment to Church Office BY Monday, April 21

Checks Payable to: St. John's Lutheran Church ("NYG" in memo) 505 E. Carpenter St. Midland, MI 48640