

# BETTER TOGETHER

## OLIVE KNOLLS MARRIAGE CONFERENCE

Ecclesiastes 4:12

# REGISTRATION

**PARTICIPANT REGISTRATION: \$40/couple**

(Registration deadline: May 13th)

Name \_\_\_\_\_ Spouse \_\_\_\_\_  
Cell \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ email \_\_\_\_\_

*Lunch provided for couples by Too Fat Sandwich Shop. Please choose from the following selections:*

Turkey & Cheese Sandwich ..... 1  or 2

Avocado Vegetarian..... 1  or 2

### CHILDCARE REGISTRATION

(Childcare registration deadline: May 13th)

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Allergies \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Allergies \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Allergies \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Allergies \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Allergies \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Allergies \_\_\_\_\_

**(NOTE: Please bring sack lunches for your children)**

### CHILDCARE EMERGENCY CONTACT INFORMATION



Can we text? Yes  No

Emergency pick-up Name \_\_\_\_\_

Contact Number \_\_\_\_\_

OFFICE USE ONLY

Amount Paid \_\_\_\_\_

Date \_\_\_\_\_

Received by \_\_\_\_\_