

KIF Children's Ministry Spring Training

April 26 – Emmanuel Faith Community Church, 639 E. Felicita, Escondido, CA

Escondido Registration Form

Team Information

Church Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone: (_____) _____
 Team Leader: _____ E-mail*: _____

*required to receive e-mail confirmation information

Others attending**:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

**Please list additional attendees on back or on separate sheet (if faxing)

Ticket Information (lunch included with every registration!)

OR

Early Registration (received on or before 4/14/08)

1 – 9 team members: _____ x \$44 each = \$ _____
 10 – 25 team members: _____ x \$39 each = \$ _____
 26 + team members: _____ x \$29 each = \$ _____

Regular Registration (received between 4/15/08 & 4/25/08)

1 – 9 team members: _____ x \$54 each = \$ _____
 10 – 25 team members: _____ x \$49 each = \$ _____
 26 + team members: _____ x \$39 each = \$ _____

On-site walk-in registration will be:

1 – 9 team members = \$64 each; 10 – 25 team members = \$59 each; 26+ team members = \$49 each

Payment Information

Early OR Regular Registration Total = \$ _____

Check (# _____) (Checks only if mailing in registration; payable to "Kids In Focus")

Credit Card Type: VISA Mastercard Discover

Card Number: _____ - _____ - _____ - _____ Expiration date: ____/____ Security Code (required) _____

Cardholders Name: _____

Billing Address: _____

Cardholders Signature: _____

After initial registration, substitutions are acceptable at no charge. You may cancel up to April 14, 2008, minus a \$10 administration fee per person. No refunds can be given for no-shows – sorry! Due to the nature of this event, we ask you not to bring children with you. Thank you!



Mail To: Kids In Focus
 P. O. Box 1225
 Jamul, CA 91935

Fax (only for credit card payment) **to:** (619) 342-4474

Questions: Call (877)932-4907