



Droppin' the "L" Registration Form July 10 & 11, 2009

PARTICIPANT INFORMATION: -- please print legibly

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

E-mail: _____

Date of Birth: ____ / ____ / ____ Gender: Male Female

CHURCH AFFILIATION:

Church you currently attend: _____

I am presently not attending a church

City, State, Zip: _____

Are you attending DtL with a group?: Yes No

EMERGENCY CONTACT:

Last Name: _____ First Name: _____

Relationship to Participant: _____

Phone: () _____ Cell Phone: () _____

Work Phone: () _____

REGISTRATION FEE:

_____ \$20 per participant if postmarked **by June 22, 2009**

_____ \$25 per participant if postmarked **after June 22, 2009**

_____ \$30 per participant if registering at the door **on July 10, 2009**

Make checks payable to **ABCRM** and send this Registration Form **and** the Registration Fee to:

Droppin' the "L"
P.O. Box 39058
Denver, CO 80239

Hotel rooms are the participant's responsibility. Please call a hotel directly for reservations.



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