

# Registration Form

(Clip and mail to address below)

Name(s) \_\_\_\_\_ / \_\_\_\_\_

Phone \_\_\_\_\_ Church \_\_\_\_\_

**Registration Fee** \$ \_\_\_\_\_

\$20 per person/\$10 for students  
if postmarked by 2/08/08  
(\$25 per person at the door)

**Donation for scholarships** \$ \_\_\_\_\_

**TOTAL enclosed** \$ \_\_\_\_\_

## MAKE CHECKS TO: PNW-RMN

Mail to: **Arthur Campbell, Registrar**  
815 S. 216th, #40  
Des Moines, WA 98198

For more information contact  
Arthur Campbell, 206-870-2040 or  
[registrar@pnw-rmn.org](mailto:registrar@pnw-rmn.org) (for late registrations only)

## OTHER INFO

**I need a scholarship**

**I need childcare**  
for \_\_\_\_\_ children age(s) \_\_\_\_\_

**I need wheelchair accessibility**

## Directions

