The Way of Christ **Weekend Registration** 6:00 pm Thursday May 3 until 5:00 pm of Sunday May 6, 2018 at Kuriakos, Sylvan Lake

Name		Phone
Address		
City	Province	Postal Code
Age Your age is requ	sested for purposes of forming small groups. Be a	s general or specific as you choose. Pronouns
Email address:		Check this box if you are a rostered church leader
Small group preference(s):		a rostereu charch leader
preference(s)	(For example: Men o	only, etc.)
Roommate preference(s):		
• • • • • • • • • • • • • • • • • • • •	(For example: A specific	e person or a roommate of a specific gender)
Reason(s) for attending Th	ne Way of Christ or hopes for its	s outcome in your life.
Special Needs (physical, d	ietary, or other needs):	
Home congregation (if any	() and denomination:	
Sponsor (This person must	t be someone who has previous	ly attended a weekend)
•	•	
Name:		Phone:
Emergency Contact (This)	person must be someone NOT a	attending the May 2018 weekend)
Name:		Phone:
Please return this form to:	Registrar, <i>The Wo</i> c/o Evangelical Lutheran Cl 10620 Elbow I	hurch of the Cross

Calgary, AB T2W 1G4

Or email to: lauraholck@gmail.com