

2024 Registration Springfield ABWMinistries

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-Mail _____

Name on Tag _____

Emergency Contact Name & Phone _____

Home Church _____ Area _____

Room mates _____

Dietary or Room needs _____

* First Time Attendee YES Please Circle

1 night Option

* \$155.00 each 2 to a room

* \$140.00 each 3 to a room

* \$130.00 for 4 to a room

* \$190.00 for 1 to a room

2 night Option

* \$220.00 each 2 to a room

* \$190.00 each 3 to a room

* \$170.00 each 4 to a room

* \$255.00 for 1 to a room

* \$75.00 Saturday Only *\$10 for Friday Evening

WRITE CHECKS: ABWMINISTRIES GRR & mail registration to
Marcia Wimmer
2249 North Faiview Ave
Decatur, IL 62526

Questions: Call Nancy (309-830-4342) or Marsha (217-855-4158)
If no answer, Please leave Name and Phone # so we return your call

E-Mail: salad49@comcast.net Marcia
nanaisok@yahoo.com Nancy

Deadline for
Registration
July 16 2024