

SPRING FLING REGISTRATION FORM

Montgomery Presbyterian Center
Senior Adult Ministries (S.A.M.)

Church Information

Home Church: _____

Address: _____ City: _____ State: _____ Zip: _____

Please mark if Church will pay for all registrations at check-in on the day of the event.

Individual Registrations

1) Name: _____ Address: _____

2) Name: _____ Address: _____

3) Name: _____ Address: _____

4) Name: _____ Address: _____

5) Name: _____ Address: _____

6) Name: _____ Address: _____

7) Name: _____ Address: _____

8) Name: _____ Address: _____

Payment Information

Mail the completed Registration Form with the \$15.00 fee for each person registering. Faxed registrations will be accepted only with a credit card payment or if a church will be paying for registrations mark box at top, however, it is your responsibility to confirm that the faxed registration was received.

Credit Card Payment: Visa MC Disc Card #: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ 3-Digit Code on back: _____ \$ _____

Name on Card: _____

Signature: _____

Registrar
Montgomery Presbyterian Center
88 S.E. 75th Street
Starke, FL 32091
Phone (352) 473-4516
Fax (352) 473-4723
info@montgomerycenter.org