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## 1st FRIDAY EVENT REGISTRATION FORM

EVENT NAME:	
EVENT DATE:	
INSTRUCTIONS: COMPLETE FORM A	ND SELECT PAYMENT INFORMATION
CONTACT NAME:	
NUMBER OF GUESTS:	PHONE:
EMAIL:	
CHILDRES GRADE:	
PAYMENT INFORMATION CIRCLE ON	NE:
CHECK OR CASH ENCLOSED (CI	HECK PAYABLE TO AMBS HAP)
CHARGE MY FACTS ACCOUNT	

"Let the favor of the Lord be upon us: give success to the work of our hands." (Ps 90:17)