



2007 – 2008 Registration Form

A. ZAP Location & Date _____

B. General Church Information

Church Name	Senior Pastor
Church Address (Street, City, State, Zip)	
Church Phone Number	Church Fax Number
Group Leader Name & Title	
Group Leader Cell #	Group Leader Home #
Group Leader Email (please print clearly)	

C. Registration Fees

Total Number of Adults (for Saturday Only)		X \$10 each	\$
Total Number of Adults (for Full Event)		X \$15 each	\$
Total Number of Students (for Saturday Only)		X \$15 each	\$
Total Number of Students (for Full Event)		X \$20 each	\$
Please select Payment Method:			Total Amount:
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card: <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard			
Card Number	Exp. Date		\$ _____
Signature			

No student should be kept away due to finances! Scholarships are available.
 Contact Jennn Partlow at jennn@oursaviorlutheran.org or 845.416.8043 for more information.

Mail or fax completed forms
NO LATER THAN TEN (10) DAYS PRIOR TO EVENT to:
 Atlantic District ZAP Ministry
 171 White Plains Road; Bronxville, NY 10708
 Fax: (914) 337-7471

