



Church Name/Town: _____

Contact Person: _____

Phone Number:

Email:

Names of Women Attending: (continue on the back)

- 1.
- 2.
- 3.
- 4.

- 5.
- 6.
- 7.
- 8.

Number of Adults _____ x \$30= _____

Number of College/ High School Students _____ x \$20= _____

Total Amount Due = _____

Please make checks payable to "Evangelism and Church Health Team" and mail to

Arkansas Baptist State Convention

Evangelism Team—10 Remington Drive— Little Rock, Ar. 72204

Questions? Please call us at 501-376-4791