

St. Paul A. M. E. Church
Family and Friends Weekend
Registration Form

Family Name: _____
Address: _____
City: _____ Zip: _____
Contact Number: _____ Text: ____ Yes ____ No
Email: _____

Number of People Attending?

Age Groups (Write number of participants for each event)

Friday Night: July 7th Time: 7:00 p.m. — 10:00 p.m.

3-12 _____ 13-17 _____ 18-35 _____ 35 & Older _____

Saturday: July 8th Time: 10:00 a.m. — 2:00 p.m.

3-12 _____ 13-17 _____ 18-35 _____ 35 & Older _____

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