## March 6, 2010 Rev. Grace Imathiu "The Gospel According to Grace"

\*\*Registration Form\*\*

| I / We would like to register person   | n(s).   |
|--|---|
| The registration fee includes lunch. Adults: \$25 Students: \$15 Under-18s: \$5 (when accompanied by a paying adult) |   |
| Name*(Please PRINT)  | Phone: ( )  |
| Street Address:  | Email:  |
| City, State, ZIP:  |   |
| *Please also provide the names of additional reg   | gistrants for name tags:  |
|  |   |
|  |   |
| Please indicate if a vegetarian lunch is required:   | Yes, How many?  |
| Total enclosed: \$ checks payable (memo: Grace I   |   |
| Childcare will only be provided if requested Please call the church office (630) 968-7120 to                         |   |
| How did you hear about this program?   |   |
| (check all that apply)  word of mouth  your local church  direct mailing or ema  other                               |   |
| Return completed form to: First United Meth 1032 Maple Ave.  | odist Church, Attn: Amy-Jill Levine<br>, Downers Grove, IL60515 |
| Questions? Contact FUMC at   | (630) 968-7120 or dgfumc@dgfumc.org                             |
|  |   |
|  | For Office Use Only   |

Paid: Cash \_\_\_\_\_

Check #\_\_\_\_\_