

Registration Form EaND ELCA SWO Event

Event Name _____

Event Date _____

Name _____

Address _____

E-Mail _____ Phone _____

Congregation _____

Address _____

Special Dietary Needs _____

See Event Information for related costs if any.

If payment is needed, check may be mailed to SWO Treasurer
(phone number and email address is on poster) or paid at the door.
See event poster for more information or call the contact number
listed.