



# Registration Form

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children (ages): \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Videophone #: \_\_\_\_\_

## Registration Costs

\*Individual \$100 \$100 x \_\_\_\_\_

\*Couple \$150 \$150 x \_\_\_\_\_

\*Each Child \$50 \$ 50 x \_\_\_\_\_

+ \_\_\_\_\_

\$ \_\_\_\_\_

(Total)

***\*\*Please write the check to Solid Rock Baptist Church with MEMO : DBFA\*\****

MAIL TO- Solid Rock Baptist Church  
420 South White Horse Pike  
Berlin, NJ 08009