



GROUP REGISTRATION:

Church Name: _____
Church Address: _____
City, State, ZIP: _____
Contact Person: _____
E-mail: _____

Number of ladies in group: _____
[] PAID \$_____ (\$15 x # in your group)

Please fill out and bring or mail, along with your group's registration fee, to:
First Baptist Church, 506 S. McCoy Blvd., New Boston, TX 75570

INDIVIDUAL REGISTRATION:

Name: _____
Address: _____
City, State, ZIP: _____
Phone: _____
E-mail: _____
Church you attend: _____

[] PAID \$15 registration fee [] I would like more information about FBCNB.

Please fill out and bring or mail, along with your \$15 registration fee, to:
First Baptist Church, 506 S. McCoy Blvd., New Boston, TX 75570