**Registration Form**

***Celebrate Recovery***

***Networking***

**Friday, 7th June 2019**

|  |  |
| --- | --- |
| **Name** |       |
| **Mobile** |       |
| **Email address** |       |
| **Dietary requirements** | Enter any dietary requirements for snacks and lunch on the day here e.g. dairy free, gluten free, lactose intolerant |

TOTAL COST: $ 30

Payment Options

[ ]  Bank transfer Name of account: Springwood Church of Christ

BSB: 064170 Account No. 10349293

[ ]  Pay now using credit/debit Card details

Name on card:

Credit Card Number:

Expiry Date:    /    CSV:

***Email this completed form to care@echurch.org.au.***