



REGISTRATION FORM

SIGN ME UP!

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

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

College attending/Employment \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_

How did you hear about Best 8 Days?

a friend     website     church     billboard     an angel spoke to me

Contact my friends about Best 8 Days!

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

I have questions about Best8days. Call me!

*Please mail registration form and check payable to "Best 8 Days" to:*

Dan & Karen Smith  
8197 S. State Road 161  
Holland, IN 47541

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