

VISION SEEKERS REGISTRATION FORM
Registration Deadline - Aug. 1

Name _____

Address _____

City/State/ZIP _____

Home phone no. _____

E-mail address _____

Church _____

Pastor's name _____

Pastor's signature _____

Shirt size (Shirts run large. Adult sizes. Polo-style knit shirt.)

____ S ____ M ____ L ____ XL ____ XXL ____ XXXL

I pledge to abide by the Vision Seekers covenant. I understand that no more than 3 classes may be missed.

Signed _____

Date _____

Enclose \$25 deposit to hold your place in the class for 2005-2006.

Make check payable to Corpus Christi District.

Fee balance is due on or before Aug. 26.

Please send registration to:

Cheryl Worley, Program Director

Corpus Christi District, 3510 Gollihar Road, Corpus Christi 78415