

Durham Lamplighter Guest www.durhamlamplighter.com Registration Form Please Print

			Home Phone:
Mailing Address:			Cell Phone:
City:	State:	Zip Code:	Work Phone:
Name you want on your na	ıme tag:		Email:
Your age: Male	Female	Single Married	Divorced Widowed Separated
If married, name of spouse):		
Number of children at home	e & ages:		
Church you attend (if applied	cable)		Pastor's Name
Are you on a doctor prescri	ibed medical die	et (diabetic, etc)?	Explain:
Are you on any special med	dication where t	timing is critical?	Explain:
Do you have health or phys	sical concerns t	hat may affect yo	ur attendance? Explain:
Do you have difficulty climb	bing stairs? YE	ES NO	
Have you ever attended a s	similar weekend	d? If so, which on	e and where?
If your spouse has not atte	ended, have the	y also submitted	an application to attend? <u>YES</u> NO
Emergency Contact Name:		Relationship	: Phone:
Please list the contact infor	mation for a clo	ose relative and c	lose friend;
Relative:		Friend:	
Email:		Email:	
Phone:		Phone:	
Sponsor (someone who att	ended similar w	veekend) Name: _	Phone:
Please state briefly why you necessary):	•		lighter weekend (Use reverse side if
X			
Signature		Da	ite
recommended that husbands and	wives attend at the	e same time of year if	olighter weekend. Please fill in all blanks. It is highly possible. There is a \$20.00 charge to register for the nc. and write "Lamplighter - registration fee" on the memo
This form is an application & its su	ubmittal does not g	juarantee an invitatior	to attend an upcoming weekend.
IMPORTANT: Upon receipt of a C specified.	Guest Invitation, yo	ou must confirm or car	ncel your participation in the weekend by the date
Lamplighter Use Only: Res rec'd Paid Sp	onsor form Rec'd _	Confirmation r	nailed Confirmed