



# Registration

**ABCOPAD STUDENT MINISTRIES**  
 Pastor Eric Kraihanzel,  
 Student Ministries Coordinator  
 610-410-5871 or  
 ejk70@rcn.com  
 www.abcopadym.org

Please use one form per person. You may copy this form as often as needed. It's okay if you do not have all of the attendees' names.

**PICK YOUR IMPACT SPOT —>**

- \_\_\_ North Central—Oct. 19th—Calvary Baptist, Williamsport, PA 3-6pm
- \_\_\_ North East—Oct. 28th—Baptist Tabernacle, Wilkes Barre, PA 6:30-9pm
- \_\_\_ South East—Nov. 2nd—Exton Community Baptist, Exton, PA 3-6pm
- \_\_\_ South West—Nov. 9th—FBC, Jeannette, PA 3-6pm
- \_\_\_ North West—Nov. 16th—FBC, Titusville, PA 3-6pm

*Directions to locations are at [www.abcopadym.org](http://www.abcopadym.org).*

**IMPACT ATTENDEE INFORMATION**

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Church Position/Title \_\_\_\_\_  
 Preferred Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Contact Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Church Name \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Denomination \_\_\_\_\_  
 Church Phone \_\_\_\_\_  
 Church Fax \_\_\_\_\_

\*\* PLEASE LET US KNOW IF ANY OF YOUR PARTICIPANTS HAVE ANY SPECIAL NEEDS. THANK YOU!



I AM ...    \_\_\_ GROUP LEADER                      \_\_\_ LAY LEADER                      \_\_\_ STUDENT

**GROUP LEADERS PLEASE USE ONE FORM TO FILL IN THE PAYMENT INFO FOR YOUR ENTIRE GROUP.**

To register—send \$10.00 and a registration form for each participant. Bring 5 or more and it is only \$50.00 for all.

**PRICING PER PERSON**

PLEASE REGISTER NO LATER THAN OCTOBER 15th	PAYING IN FULL	TOTAL PARTICIPANTS	Total
-> Special deal for each person — \$10.00	\$10.00	___ =	\$ _____
** Cancellations— Sorry, but no refunds will be given.		TOTAL ENCLOSED	\$ _____

**PLEASE MAKE ALL CHECKS PAYABLE TO — ABCOPAD**

**MORE INFORMATION AT  
 WWW.ABCOPADYM.ORG**

*Mail Registrations to:*



ABCOPAD Student Ministries  
 1224 Maple Street  
 Bethlehem, PA 18018