



Women's Conference Registration Form

If you plan to attend the women's conference (ages 15+), please complete this form and submit a check, payable to Redeemer Covenant Church with "ALIVE! Women's Conference" written in the memo field.

Mail form and payment to: **Redeemer Covenant Church, 7565 Morgan Rd. Liverpool, NY, 13090.**

Or you can visit MyRedeemer.com to register and pay online. Everyone must register by May 8th

If you need free childcare, please register your child(ren) and send that in as well.

Friday, May 20th 6:30pm | Saturday, May 21st 9am-3pm | Cost: \$25 *Friday only: \$10 *Saturday only: \$15

Please note, there is no group rate, and all individuals must register by May 8th

Lunch and light refreshments provided.

First Name _____ Last Name _____

Address _____

Email _____ Phone _____ Mobile _____

How did you hear about the conference?

Will you be needing childcare services for your child(ren)?

Yes, please!

No, thank you.

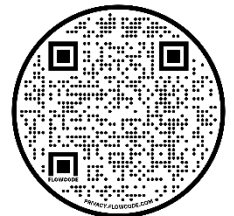
**If you answered YES, you must register your child(ren) as well as yourself!*

I have financial constraints and am in need of support in order to attend this event.

**Your admission will be covered and kept confidential; thank you for letting us bless you!*

I would like to anonymously sponsor a sister for this event.

**Please include additional payment of \$25 (per sponsorship) with your own; thank you for your love and support!*



Childcare Registration Form

Please understand that we will be able to provide free childcare (ages 2mos – 10 yrs) to a limited number of children, so this will be on a first-come-first-serve basis. Please return form to Redeemer Covenant Church, 7565 Morgan Road, Liverpool, NY 13090. Or, you can visit MyRedeemer.com to register online. Registration is due by May 8th!

Kids lunch menu: pizza, chips, carrot sticks, cucumber slices, juice, and water.

Snack menu: cheese sticks, crackers, and juice.

If these food options are not in line with your child's dietary needs, please bring food for them in a clearly labeled container. We are a nut-free children's facility.

Parent/Guardian

First Name _____ Last Name _____

Address _____

Email _____ Phone _____ Mobile _____

Emergency Contact (if different from above)

Name _____ Relationship (to child) _____ Phone _____

Child (1) Name/Age _____ Does your child require a nap? If so, what time? _____

Allergies, dietary restrictions, or special instructions? _____

Child (2) Name/Age _____ Does your child require a nap? If so, what time? _____

Allergies, dietary restrictions, or special instructions? _____

Child (3) Name/Age _____ Does your child require a nap? If so, what time? _____

Allergies, dietary restrictions, or special instructions? _____

Do we have permission to change your child's diaper?

Yes, you may.

No, please come get me each time this is necessary.

