



**ST JOHN'S  
LUTHERAN  
CHURCH**  
MEN'S CONFERENCE 2017

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**Name**

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

**Phone Number**

\_\_\_\_\_

Area Code

\_\_\_\_\_

Phone Number

**E-mail**

\_\_\_\_\_

**Address**

\_\_\_\_\_

Street Address

\_\_\_\_\_

Street Address Line 2

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Country

**Registration fee of \$20 can be paid:**

- *in person* at the Parish office (cheques to be made payable to St John's Evangelical Lutheran Church)

- or by *Bank transfer* to:

*St Johns Evangelical Lutheran Church / BSB: 064-403 / A/c No: 490065*

*Please use REFERENCE: RCM17(INITIAL & SURNAME)*

**May we send information  
about us to the mailing  
address that you  
provided?**

Yes

No