

**Arkansas-Oklahoma Lutheran Secretariat
Via De Cristo
Staff Registration**

Complete the information requested on this registration form and return it to the Rector's Cha.,. The registration fee for the weekend is \$175.00. Please make your payment by the third staff meeting.

Name _____ Birth Date _____

Home Address _____
Street City State Zip

Phone Number(s) _____
Home Work Cell

Work place _____ Occupation _____

Email Address(es) _____

Married Single Widowed Smoker: Yes No

Home Church _____
Congregation City State

If you have any special dietary needs (diabetic, allergies, etc.), how can we help? _____

If you are on any special medications, should we be aware of instructions? _____

If you have any health or physical limitations, how can we help? _____

Person to contact in case of emergency:

Name _____

Home Address _____
Street City State Zip

Phone Number(s) _____
Home Work Cell