

Pre-registration deadline - August 27, 2005

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-mail: _____

Parish/Congregation: _____

Adult \$40(\$50 after Aug 27) \$_____

Student \$25(\$35 after Aug 27) \$_____

Family* \$105 max (\$115 after Aug 27) \$_____

**A family is parent(s) and dependent children.
Please list names of family members joining you.*

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.....
.....

Clergy and Religious \$15 \$_____

Donation for Scholarship Fund \$_____
(for scholarship need, contact us)

Total Enclosed \$_____

Box Lunch Sandwich Choice (Select):

Turkey _____ Ham _____ Veggie _____

Make checks payable to Springtime of Hope Ministries.
Mail completed registration form with your check to:

Springtime of Hope Ministries
3089 Spring Valley Rd
Dubuque, IA 52001
563.588.1635
e-mail: springtime@springtimeofhope.org
www.springtimeofhope.org

REGISTRATION FEES ARE NOT REFUNDABLE.