

REGISTRATION FORM



Baptist Convention of New York
6538 Baptist Way
East Syracuse, NY 13057

Date of Event attending: _____

Name: _____

Preferred Name (i.e. nickname) _____

Address: _____

_____ Zip _____

Phone: Home (____) _____

Cell (____) _____

E-Mail: _____

Date of Birth: _____ Height: _____ Weight: _____

Hair: _____ Eyes: _____ Sex: _____

Occupation _____

(If retired, from what are you retired?)

Church _____

Church Address _____

Church Phone # _____ Pastor _____

Association _____

Language Skills _____ Fork Lift Certified _____

CDL _____ Ham Operator _____ First Aid _____

Medical _____ Chaplain _____

Please note other skills or comments _____

Registration Fee _____ Cash _____ Check _____ Pre-Registration Fee Paid _____