



**Step 1  
Tell Us About Yourself**

Church Organization or Name (if applicable) \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 (\_\_\_\_) \_\_\_\_\_ Phone 2 (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Step 2  
Tickets**

Tickets Needed	Quantity	Cost Per Ticket	Total
\$20 - over age 18		x \$20 =	\$
\$15 - ages 12-18 <small>*if available at your site</small>		x \$15 =	\$
Child Care Tickets <small>*if available at your site</small>		x \$5 =	\$
<b>TOTAL AMOUNTS</b>			\$

**Step 3 — Vendor Tables**

At some sites, there may be a limited number of Vendor Tables available for vendors. If you would like to be contacted to be considered for a VENDOR TABLE place your information here and someone will contact you.

Name \_\_\_\_\_

Vendor of \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Email \_\_\_\_\_

I am not interested in this \_\_\_\_\_

**Step 4 - Method of Payment**

Choose Your Method of Payment (Do not send Cash)

Payment Amount Enclosed \_\_\_\_\_

Method of Payment \_\_\_\_\_ Check \_\_\_\_\_ Money Order

*Make checks payable to  
Women of Purpose Delmarva*

**Step 5 — Final Instructions**

1. Address where you are sending your Completed Registration Form to.  
  

Calvary Assembly of God  
Attn: Spring Event  
1141 E. Lebanon Road  
Dover, DE 19901-5820
2. Make a copy of this Completed Registration Form for your records.

*Please note the cut-off date for mail in reservations is March 8.*

**Posters, Registration Forms and additional information can be found by going to [www.pennidelwomenofpurpose.org](http://www.pennidelwomenofpurpose.org)**