

**MEN'S
CHRIST RENEWS WEEKEND**

FEBRUARY 23rd and 24th 2008

CANDIDATE INFORMATION FORM

Name: _____ **Spouse:** _____

Children's Names: _____

Address: _____

Phone Number: _____ **Work Phone:** _____

E-mail: _____

Occupation: _____

Emergency Name and Phone Number.

Name: _____ **Phone:** _____ **Relationship:** _____

Any Special Dietary Needs: _____

Any Physical restrictions with walking stairs: _____

Please return this sheet as soon as possible

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