"HIGHER GROUND"

Application for "Higher Ground Weekend"

NAME	Male	Female	NAME ON BADG	E	_
STREET ADDRESS		CITY	STATE _		_
ZIP CODE H	OME PHONE #		WORK PHONE #		_
MARITAL STATUS		NUMBE	R OF CHILDREN		_
WEEKEND ATTENDING_		OCCUP	ATION		_
DO YOU HAVE FOOD ALL	ERGIES OR MEDIC	CAL RESTRICT	IONS?		
IF SO PLEASE SPECIFY _					
ARE YOU ON SPECIAL MI	EDICATION?				_
ARE THERE ANY PARTIC	ULAR PHYSICAL N	EEDS YOU HA	VE THAT MIGHT NEEL) SPECIAL	
ATTENTION?					_
WHERE DO YOU CURREN	NTLY ATTEND CHU	RCH OR HAVE	ATTENDED IN THE PA	AST:	
		SIGNATU	JRE		
Please help us make your 'tion. Please enclose a preapplied to your contribution not guarantee a reservation cepted for the next Higher reservation will be made for posit to your sponsor. You	registration deposit n of \$150.00 which a. We regret that become Ground Weekend. or the next available	of \$30.00 made covers all expectance of limited If you are not a Higher Ground	e payable to "HIGHER enses of the weekend. I space, not all requests ccepted for the next Hid weekend. Please return the payable of the next Hid weekend.	GROUND". This Please note: Requirements for reservations can gher Ground week arn this form and	s will be est does an be ac- kend, your de-
	SPO	NSOR'S INFOR	MATION		
NAME					
STREET ADDRESS		CITY	STATE	ZIP	_
HOME PHONE #	WORK PHONE #				
E-MAIL ADDRESS					
NAME OF CHURCH NOW	ATTENDING				_
IS THERE ANY INFORMA	ΓΙΟΝ WE NEED TO	BEST SERVE Y	OUR APPLICANT?		_
					_

MAIL THIS COMPLETED FORM AND \$30.00 DEPOSIT TO: REGISTRAR, HIGHER GROUND, P.O. Box 62, Berryville, AR 72616