

Office Use Only	
Date Rec'd	_____
Check #	_____
Check \$	_____

Garden State Association of Christian Schools Annual Christian Educators Conference

Registration Form

Date _____

School _____

Address _____

Phone _____

Pastor's Name _____ Attending Yes No

Administrator _____ Attending Yes No

Number of *Preschool* Teachers _____

Number of *Elementary* Teachers _____

Number of *Secondary* Teachers _____

Number of *other* Administrators _____

Number of *other people* attending _____

Total number of people attending _____

Deadline to avoid late fee is February 20

Registration Fee:

Total number of people attending _____
 Fee per person – member school _____ x \$25.00

Total Fees: _____

Administrator's Signature _____

Check Included: Amount _____ Check # _____

Check will be brought day of convention: Yes Amount of Check \$ _____
 No

<p>Please return by February 20 to: Donald A. Netz Garden State Association of Christian Schools 151 Golf Club Rd Sewell, NJ 08080</p>
