



CHRISTIAN SERVICE
4LIFE

Wednesday, October 25, 2017

9:00 am - 1:30 pm

Galen Center

@ the University of Southern California
3400 S Figueroa Street
Los Angeles, CA 90089

REGISTRATION FORM

School Name: _____

Name of Primary Contact: _____

Contact Title: _____

Contact Phone: _____

Contact Email: _____

REGISTRATION FEE: \$10 per student/adult

Estimated number of students/adults attending: _____

Deposit to secure total number of tickets: \$_____

*We gratefully request a minimum of **\$100 deposit** (non-refundable) due **August 15, 2017**.
Remaining balance will be due **October 1, 2017**.*

Please make check payable to **LIFEsocal**

Note: If you are requesting scholarships for the registration or bus sponsorship, please fill out the additional enclosed forms.

Please mail a check and this completed form to: LIFEsocal
P.O. Box 250
La Canada, CA 91012

For more info **CALL:** 626-755-7323; **EMAIL:** info@LIFEsocal.org or **VISIT:** www.LIFEsocal.org



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SCHOLARSHIP FORM
LIMITED SCHOLARSHIPS AVAILABLE!
APPLICATION DUE AUGUST 15, 2017

School Name: _____

REGISTRATION FEE: \$10 per student/adult

Estimated number of students needing scholarship assistance:

Scholarship amount requested: \$ _____

Please make check payable to **LIFEsocal**

Please mail a check and this completed form to:

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BUS SPONSORSHIP FORM

LIMITED SPONSORS AVAILABLE!
APPLICATION DUE AUGUST 15, 2017

School Name: _____

REGISTRATION FEE: \$10 per student/adult

Bus sponsorship amount requesting: \$ _____

Please include a copy of the bus invoice with this form.

Please make check payable to **LIFEsocal**

Please mail a check and this completed form to:

LIFEsocal
P.O. Box 250
La Canada, CA 91012

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