



CHRISTIAN SERVICE
4LIFE

Tuesday, October 8, 2019

9:00 am - 1:30 pm

Microsoft Theatre

777 Chick Hearn Court
Los Angeles, CA 90015

REGISTRATION FORM

School Name/City: _____

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, 2019**.
Remaining balance will be due **October 1, 2019**.*

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, 2019

School Name/City: _____

REGISTRATION FEE: \$10 per student/adult

Estimated number of students needing full or partial 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, 2019

School Name/City: _____

Bus sponsorship amount requesting: \$ _____

Please include a copy of the bus invoice with this form. Reimbursement will not be given unless an invoice is received.

Partial or full bus scholarships will be awarded based on need. Please sign below indicating your school's need for the amount requested. Thank you.

Signed: _____

Name/Title: _____

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