L.I.G.H.T. ONLY <u>Registration</u> 2017 - 2018

Keep your Eyes Fixed on Jesus

Household Name: (Last Name)		
Address:Street		
Street Home Phone: ()	City E – Mail:	Zip
Cell Phone ()		
9th Grade - Adult Names Only list those attending all or most	Monthly Sessions offer	
<u>Univ list those attending all or most</u> <u>L.I.G.H.T.sessions)</u>	Twice a month for your con	venience
	October 1 & 2	
	November 5 & 6	
	December 4 & 5 February 4 & 5	
	March 4 & 5	
	The second of th	
L.I.G.H.T. OFFERED TWICE A MONTH FOR YOUR CONVIENIENCE		
Please $\sqrt{1}$ \square Sunday 11:30AM $-$ 1:30 PM		
or		
☐ Monday 6:00 − 8:00 PM		
Each Month if you need to switch no problem, iust email Mtakacs@stmartinvc.org		
MEAL COST: The meal for L.I.G.H.T. will vary.		
Meal cost is a donation of \$3.00 per person per session. Checks accepted.		
Please √ One - A ,B or C		
A) 1 per	erson = \$20	
B) 2 pe	ople = \$30	
c) 3 or	more = \$50	
	Τυμμ σαν ψ	
Office Use Only: CHECK#:C	Amount Amount	:\$
Date	Received://	