

## Evangelism Weekend Intensive Payment Form

### Church Contact Information

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

Leader Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### 2007 Session for Which Your Church is Registering

March 2 & 3

August 3 & 4

June 1 & 2

November 2 & 3

### Registration Costs

# People

Cost

Groups of 5 or less, \$125

\_\_\_\_\_

\_\_\_\_\_

Groups of 6 or more, \$175

\_\_\_\_\_

\_\_\_\_\_

\$50 discount for Vineyard Churches

\_\_\_\_\_

\_\_\_\_\_

\$50 discount for Student Groups

\_\_\_\_\_

\_\_\_\_\_

Total Registration Cost:

\_\_\_\_\_

\_\_\_\_\_

*\* Please submit registration and payment 2 weeks prior to Intensive session.*

### Payment Method & Authorization

Check

Mastercard

Visa

AMEX

Discover

Name as it appears on the credit card:

\_\_\_\_\_

Credit Card Number:

\_\_\_\_\_

Expiration Date:

\_\_\_\_\_

Billing Address for Card Holder:

\_\_\_\_\_

\_\_\_\_\_

I agree to the above registration being charged to my credit card or included a check as payment:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please Submit by mail for checks:**

**Vineyard Community Church: Attn: Kande Wilson**

**11340 Century Circle; Cincinnati, OH 45246**

**or by email/fax for credit card:**

**Email: wilson@vineyardcincinnati.com**

**Fax: 513.671.2041**