



**\$10 per person, Includes Lunch!**  
**Mail form with check payable to: CSBC**

Attn: Eva De La Rosa  
678 E. Shaw Ave.  
Fresno, CA 93710

\_\_\_\_\_ X \$10 = \_\_\_\_\_ Enclosed

Event Location: \_\_\_\_\_

**Church Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Contact Person**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Email \_\_\_\_\_

**Children Registering**

Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Full Name \_\_\_\_\_ Grade \_\_\_\_\_

**Additional Adults**

Name \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_