

Name

Last	First	Nickname		
Address				
Street	City	Zip Code		
Preferred Phone #		Birthday/ (Month/day)		
E-mail Address				
	(Please print leg	ibly)		
	Opening Day: October 7	7th. 9:30 am		
We are hoping to have Live spe		3		
Will you join the meeting LIVI		R watch on Zoom?		
If attending live, please check				
I am interested in participating Yes <u>No</u>	in a small group discussion im	mediately following the speaker?		
If "YES" and you are watching speaker is finished. If you are h		lly be transported to your small group after the all group as always.		
If "NO", you will leave the ses	sion after the speaker. Attendar	nce at all sessions is never required.		
May we include the above info (This information is used to con				
Registration Fee: \$30/year. Mo (Scholarships are available. Co				
Please make check payable to S If paying by cash, please paper		e "Wings" in the memo/note section of your check		
		mail to: Joanne Berven 4854 Andrea		
Ct., Livermore CA 94550				
OR place in an envelope labele	d WINGS and drop in collectio	on basket OR drop in mail slot at the rectory.		

For CORE Team use:				
Amount Paid	Date Paid	Check#	□Cash	Small Group