

Sparkle & Shine Girls' Missions Party Registration Form

Saturday, February 25, 2017

First Baptist Church of Coral Park
(Primera Iglesia Bautista de Coral Park)
8755 SW 16th St., Miami, FL 33165-7801
10 am — 3:00 pm

* **Email address** * Important: Registration confirmation & additional info are sent via this method.

- This event is open to girls in K-6th grade and their leaders, mothers, grandmothers or aunts.
- Overnight accommodations are to be made by the registrant. We will send recommendations of hotels. **Special arrangements have been made with First Baptist Church of Coral Park to sleep on the floor at the church at no cost if you would like to arrive on Friday evening. Contact Karla Rossi-Gonzalez at karlacrossi@gmail.com to make arrangements.**
- By attending this event, registrants and parents grant the Florida Baptist Convention permission to use photographs or video from the event in promotion publications.
- Registration must be received by the Women's Missions & Ministries/Missions Education Team seven (7) days prior to the start of the event .
- Incomplete information about registrants or failure to make full payment will result in a delay in processing and/or the return of this form to you.

Register:

On-line: <http://flbaptist.org/events/>

By mail: make check for full amount payable to: **FLORIDA BAPTIST CONVENTION.**

Send payment with registration form to: **Women's Missions & Ministries/Missions Education, Florida Baptist Convention**
1230 Hendricks Avenue, Jacksonville, FL 32207-8696

By Phone: (800) 226-8584 ext. 3141 with credit card information

Cancellation Policy: Receive full refund if you cancel 60 or more days prior to the event. Receive one-half refund if you cancel 30-59 days prior to the event. No refund if you cancel 29 or less days prior to the event. In case of serious illness, written letter/email of explanation will be considered for refund. Early notification in case of illness will aid the process. Substitutions are always accepted up to check in. We encourage you to take advantage of the ministry opportunity to transfer your registration to another person.

Number of Girls _____ + Number of Women _____ = Total Number of Reservations _____
Total Remittance Enclosed: \$ 10.00 x _____ = \$ _____

PAYMENT: CHECK, MasterCard, VISA

Card# _____ Exp. Date ____/____/____ 3 digit Sec. Code _____

PRINT Cardholder's Name _____

Billing Address of Card Holder _____ City/Zip _____

Church Name _____ Church City _____

650-610

Include age and grade for each girl.

PLEASE PRINT ALL INFORMATION CLEARLY.

(If you need additional registration space, make a copy of the following, before you begin.)

Adult's Name: _____

Email _____

Girl's Name: _____

Age: _____ **Grade:** _____

Adult's Name: _____

Email _____

Girl's Name: _____

Age: _____ **Grade:** _____

Adult's Name: _____

Email _____

Girl's Name: _____

Age: _____ **Grade:** _____

Adult's Name: _____

Email _____

Girl's Name: _____

Age: _____ **Grade:** _____