Women's Missions & Ministries
Missions Education
Florida Baptist Convention
Right Beside You.

Florida Baptist Convention
6850 Belfort Oaks Place
Jacksonville, FL 32216
(800) 226-8584 ext. 3141

Sparkle & Shine Girls' Missions Party Registration Form

Saturday, February 24, 2018

Homeland Baptist Church
208 Church Avenue, Homeland, FL 33847
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.
- 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 Women's Missions & Ministries/Missions Education 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.

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.*

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, 6850 Belfort Oaks Place, Jacksonville, FL 32216-6241**
By Phone: (800) 226-8584 ext. 3141 with credit card information

(PLEASE PRINT CLEARLY)

Group Leader's Name/Title: _____/_____

Person Making Reservations:_____

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***: _____

This event is sponsored by Women's Missions & Ministries/Missions Education through your gifts to the Cooperative Program ministry of the Florida Baptist Convention