



**First Name:** \_\_\_\_\_ (PLEASE PRINT)

**Last Name:** \_\_\_\_\_

**Status:** Married    Single    **Gender:** M    F

If married, will your spouse attend?    Yes    No

If yes, full name: \_\_\_\_\_ (PLEASE PRINT)

**Address:** \_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Please list any instruments you play: \_\_\_\_\_

Do you need housing?    Yes    No

If yes, and you are single, do you have roommate preferences?

Name(s): \_\_\_\_\_

If you have already made housing arrangements with a friend here in Wichita, or you have a preference with whom you would like to stay, please indicate.

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

Will your children be with you? If yes, how many? \_\_\_\_\_

Name(s)/age(s): \_\_\_\_\_

\_\_\_\_\_

Allergies (food/animal): \_\_\_\_\_

Special requests: \_\_\_\_\_

**Mail to:**            Attn: Worship Renewal Weekend  
4100 Memory Lane  
Wichita, Kansas 67212-1922

Registration is \$25 per person. Please make check out to the Wichita Church of Christ (WCC).