

Couples Night Out
Friday, June 13, 2008
Registration Form

Name: _____
and

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Will you be utilizing childcare? _____

If yes, please provide name and age for each child:

| <u>Child's Name</u> | <u>Child's Age</u> |
|---------------------|--------------------|
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Please mail completed form with check in the amount of \$15 per couple to:

Calvary Chapel Old Bridge
Attn: Couples Night
123 White Oak Lane
Old Bridge, NJ 08857