

BUS REGISTRATION FORM

Contact Person				Cell Phone			E-mail	
LEASE TYPE OR PRINT! Busing. Also, indicate a cla								
NAME		Y/A	M/F	EMERO	SENCY#	DEPOSIT PD.	T-SHIRT SIZE	1-WAY RIDE
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Please indicate your tentative "pick-up O Alexandria, MN O Fargo, ND				O River Falls, WI O Manakto, MN				
Bemidji, MN O Grand Forks, ND			s, ND				O Sioux Falls, SD	
Duluth, MN O International Falls				, MN O Roseau, MN			O Twin Cities, MN	
☐ We would like to	leave cars/var	nc at t	the hi	s ston				

Total individuals requesting CHIC 2018 busing ____ x \$100 = \$____ (Total Deposit)

PLEASE! Only 1 check per church for the Total Deposit. Make check out to: the Northwest Conference

Mail form and check by 3.1.18 to: Northwest Conference, 3106 47th Ave. S., Minneapolis, MN 55406