

SOAR 2010

June 30 – July 2 - Registration Form

Church: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Sponsor Name: _____ E-mail: _____

T-shirt Sizes:

Small: _____ Medium: _____ Large: _____ X-Large: _____

XX-Large: _____ XXX-Large \$3: _____ **Total # Shirts:** _____

Total # Attendees by June 7: _____ @ \$70.00 = \$ _____

Total # Attendees after June 7: _____ @ \$80.00 = \$ _____

Off Site Total # Attendees: _____ @ \$90.00 = \$ _____

No T-shirts with late registration. Paid registration is non-refundable after the deadline. Everyone in attendance is expected to pay registration. Make yourself a copy and mail this form with your check to the DCM office.

Six Flags Tickets #: _____ @ \$24.50 Each = \$ _____

Six Flags Parking Per Vehicle #: _____ @ \$10.00 Each = \$ _____

Hurricane Harbor #: _____ @ \$14.99 Each = \$ _____

HH Parking Per Vehicle #: _____ @ \$ 7.00 Each = \$ _____

TOTAL \$ _____

Please indicate if you will pick up your tickets at SOAR registration or if you want them mailed in advance. Pick up at SOAR registration: _____ Mailed: _____

Our group will participate in the **SOAR Serves** Program on June 29: Yes: ___ No: ___

Transportation mode and how many _____ Bus _____ Vans _____ Cars (For Hotel Use)

Mail To:

**DCM
PO Box 10356
Conway, AR 72034**



For DCM Use Only

Date _____

Tickets \$ _____

Reg \$ _____

Check # _____