

An Arkansas Blitz!

A One-Day Clinic For Children's Leaders And Their Teams With:

Registration Form

Please register 5 business days prior to the clinic date you are wishing to attend to ensure adequate meal and material preparation.

Church: _____

Address: _____ Zip: _____

Contact Person: _____ Day phone () _____

Please place a check mark beside the date below of the clinic your group will be attending. All Clinics will be held from 9AM until 3PM. Lunch will be provided at no additional cost.

___ Sat, Sept. 17, 2011 at Monticello First A/G

___ Sat, Oct. 15, 2011 at Marshall A/G

___ Sat, Nov. 12, 2011 at Springdale Faith A/G

___ Sat, Jan. 28, 2012 at Hope First A/G

___ Sat, Feb, 18, 2012 at Marianna First A/G

___ Sat, Mar. 17, 2012 at Walnut Ridge A/G

___ Sat, Apr. 14, 2012 at Waldron First A/G

___ Sat, June 16, 2012 at LR Otter Creek A/G

Number of people attending the clinic is _____ x \$10 per person = \$ _____

Registration is non-refundable but is transferable to another person for this exclusive event.

For additional information please contact the DM department at 501-455-5444 or email at kgilbert@araog.org.