





## Registration Group 5 *(all same gender)*

ADULT in GREEN FIELD

type *M* or *F* in the field

type in 9, 10, 11, 12

First Name	Last Name	Gender	Level

## Registration Group 6 *(all same gender)*

ADULT in GREEN FIELD

type *M* or *F* in the field

type in 9, 10, 11, 12

First Name	Last Name	Gender	Level

PRINT a copy of the form to send with your check to

**Rocky Mountain Synod  
455 Sherman, Suite 160  
Denver, CO, 80210**

SUBMIT the form electronically from this webpage