

REGISTRATION FORM

Please complete and mail the information below along with your check to:

Church of Christ Bridgeport
P.O. Box 55158
Bridgeport, CT 06610

Husband: Last Name _____ First Name _____

Wife: Last Name _____ First Name _____

Address _____

Anniversary Date _____

Phone Number _____ Cell _____

Home Congregation / Address _____

***** All registration forms and money must be received by
October 18, 2014 *****

**For your convenience, you may submit your payment in 2
increments:**

1st payment (\$150.00) due: 9/26/14

2nd payment (\$150.00) due: 10/18/14

For additional information contact Church of Christ Bridgeport at (203) 751-2205