

# Story One Registration Form

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you:       Deaf                       Hearing                       Other

Do you need childcare                       Yes     No

    If yes:      # of children      \_\_\_\_\_

                    Ages                      \_\_\_\_\_

                    Which day(s)       Friday                       Saturday

Workshop Sessions:

- Session 1 February 19th 6:00 PM until 9:00 PM
- Session 2 February 20th 9:00 AM until 12:00 PM
- Session 3 February 20th 1:00 PM until 5:00 PM
- Session 4 February 21st 9:15 AM until 12:15 PM

Registration cost \$10 (includes lunch)

Please complete this registration form and mail, with registration payment\* to:

Annistown Road Baptist Church  
Attn: Deaf Ministry  
4554 Annistown Road  
Snellville, GA 30039  
(770) 979-2422 (Voice)

\* Make checks payable to "ARBC Deaf Ministry".