

**Registration for Senior Leisure Camp October 1 - 5, 2017**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number (House) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Congregation \_\_\_\_\_

Priesthood Office \_\_\_\_\_

Housing: Room Number \_\_\_\_\_ Trailer site Number \_\_\_\_\_

Send to: **BOB SHEPPARD 11875 OAKLAND AVE. MT. MORRIS, MI 48458**

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