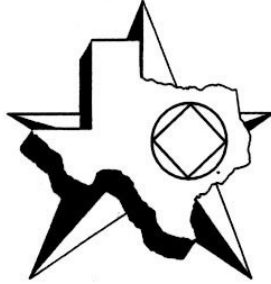


# **LSRCNA XXXV**



## ***APRIL 9 – 12, 2020***

*Pre-Registration Form*  
*2020 Vision of Hope*

*PRE-REGISTRATION \$15.00*  
*(A \$10.00 Savings!)*

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

Phone: \_\_\_\_\_

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

Clean Date: \_\_\_\_\_

Amount Received: \_\_\_\_\_

- ◇ Cash
- ◇ Check: DL# \_\_\_\_\_ ST \_\_\_\_\_ DOB \_\_\_\_\_
- ◇ Credit Card: Type \_\_\_\_\_  
# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ VIR \_\_\_\_\_ (3 digit code)

Cardholder Signature: \_\_\_\_\_

\_\_\_\_\_ I would like to receive email updates about LSRCNA

\_\_\_\_\_ NO I would not like to receive emails updates about LSRCNA