

REGISTRATION FORM ~ PLEASE INCLUDE WITH YOUR PAYMENT

First Name: _____ Last Name: _____ Tribal Affiliation? _____

Mailing Address _____ City _____ State/Zip: _____

Email _____ Phone _____ Cell number? Ok to text?

*Meal planning: Do you have any food allergies / restrictions (not preferences)? Gluten Dairy Nuts Vegan

By signing this form, I give Sacred Path permission to take photos of me at the 2024 Tribal Ministries Conference and use them in their publications, website, social media, and/or videos. I understand I will not be compensated for such photo usage (if under 19 years, parent or legal guardian must sign): _____

Questions? Taylor Lee / 253-314-2575 / sacredpathfellowship@gmail.com

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