

# PEER MINISTRY LOCK-IN

February 7-8, 2025

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: MI Zip: \_\_\_\_\_

Home Congregation: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Birthdate: \_\_\_\_\_

(check one)  Male  Female  Non-binary  Prefer not to say

Registration and payment due January 30, 2025:

Forward registration to [pr\\_julie@sbcglobal.net](mailto:pr_julie@sbcglobal.net)

Use QR code for payment:



Food allergies: \_\_\_\_\_

Issues adults should be aware of: \_\_\_\_\_

Parent/Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_