

MAY PLAY DAY REGISTRATION

Name: _____

Email: _____

Phone: _____

Check one:

Adult Youth over 12 Youth under 12

Who else is coming with you?

Name	adult/under 12/13-18?
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Make check out to "NEPS" and mail registration form and check

to

Debbie Frey

c/o Northeastern PA Synod

2354 Grove Rd

Allentown PA, 18109