

IF YOU NEED TO PAY BY CHECK, PLEASE SUBMIT THIS FORM WITH
PAYMENT TO THE CHURCH AT:

FINCASTLE BAPTIST CHURCH
ATTN: SURROUNDED CONFERENCE
7330 ROANOKE ROAD
P.O. BOX 707
FINCASTLE, VA 24090

NAME: _____

EMAIL: _____

PHONE: _____

DO YOU NEED CHILDCARE? YES / NO

CHILDREN'S NAME & AGES:

DO YOU HAVE A DISABILITY OR SPECIAL NEED THAT OUR
TEAM SHOULD BE MADE AWARE OF TO MAKE YOUR
EXPERIENCE MORE ENJOYABLE? IF SO, PLEASE EXPLAIN BELOW.
