




REGISTRATIONS (OFFLINE)



1	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
2	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
3	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
4	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
5	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
6	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
7	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
8	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
9	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
10	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)

Team Name:_____

****Please make check payable to Lutherans For Life .
(Indicate this is for Step Up 4 Life.)***

IF GIVING BY CREDIT CARD:							
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Amount \$ _____							
Credit Card # _____							
Exp. Date _____ <small>Month / Year</small>				Phone: _____			
Signature _____							
Lutherans For Life is a 501(c)(3) ministry and contributions are deductible as charitable donation.							

Return to:

LUTHERANS FOR LIFE

1101 5TH ST

NEVADA IA 50201-1816

