

NIGHT OF

Promise

SUNDAY, APRIL 7TH AT 6PM
WEST CAMPUS WORSHIP CENTER
PARENTS & STUDENTS GRADES 6-12
RSVP BY MONDAY, APRIL 1ST

STUDENTS ATTENDING:

1) _____ M/F GRADE: _____ SCHOOL: _____
2) _____ M/F GRADE: _____ SCHOOL: _____
_____ M/F GRADE: _____ SCHOOL: _____

RINGS WILL BE AVAILABLE FOR PURCHASE IN THE SECOND BAPTIST BOOKSTORE.

FAMILY INFORMATION:

PARENT(S) NAME: _____

EMAIL: _____ CELL PHONE: _____

PAYMENT INFORMATION – COST: \$15 PER PERSON ATTENDING

TOTAL NUMBER IN YOUR PARTY: _____ **X \$15 PER PERSON** **TOTAL AMOUNT DUE:** _____

I AM PAYING BY: _____ CASH _____ CHECK (CHECK #: _____) _____ CREDIT CARD

CREDIT CARD INFORMATION: VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER CARD _____

_____ EXPIRATION DATE: ____/____/____ BILLING ZIP CODE: _____

NAME (AS IT APPEARS ON CARD): _____

CARD HOLDER'S SIGNATURE: _____ PHONE #: _____

SECOND BAPTIST CHURCH
WEST CAMPUS
SECONDSTUDENTS.ORG
713.365.2432

