



**ST. JOHN'S
EPISCOPAL
CHURCH**

FOYER GROUP REGISTRATION FORM

Name(s) _____

E-mail Address(es)

Phone Number(s) _____

Do you have a preference for a person or couple to be in your group? Yes No

If so, please write name and email address below.

RSVP for Saturday, September 8 Kick-off Party?

Yes No Number attending _____

Please return form to Kerry Johnson in the church office.