

Registration

Name: _____

Address: _____

Phone: _____

Home Church: _____

Church Address: _____

Please check if needed:

____ gluten free

____ sugar free

“Trust in the Lord with all your heart and lean not on your own understanding; in all your ways acknowledge Him, and He will make your paths straight.”

Proverbs 3:5-6

Please return this form with your \$15 no later than April 2, 2026.

Mail to: Lake Mount Church of Christ

6290 St. Rt. 7

New Waterford, OH 44445