

## CEW Registration

Last Name \_\_\_\_\_ First \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Age \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

Church/Parish \_\_\_\_\_

Current (or previous) occupation \_\_\_\_\_

Dietary restrictions? \_\_\_\_\_

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Who influenced or encouraged you to attend this weekend?

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QUESTIONS??? . . . Feel free to contact the directors.

**Fee: \$30\*, payable to Resurrection CEW. Mail to:**

**Women's weekend:**

**Mary Schmidt**

**3390 Venture Ct.**

**Dubuque, IA 52002**

**Men's weekend:**

**Steve Olson**

**2379 Sprucewood Dr**

**Dubuque, IA 52002**