

LCMC Intermountain West District Gathering Registration

Names: _____ Congregation: _____

Address: _____ City: _____ State: _____

E-mail: _____

Friday March 9th 6:30- 9:00 pm

Saturday March 10th 9:00 am - 2:45 pm

Child Care needed (children's ages _____)

\$20/person, suggested donation (please send with registration)

Mail to: First Evangelical Lutheran Church, 455 W. Sunnyside Rd. Idaho Falls Idaho 83402

Please return registration forms by March 1st so we can plan accordingly.

(Please make all checks payable to: LCMC Intermountain West District)



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