

Annual Gathering of Pre-Seminary Groups
LTSS February 8-10, 2008

College/University name: _____

Chaplain name: _____

Email: _____

Cell phone: _____

Please register the persons listed below:

Name _____

M / F Age _____ Graduation year _____

Mailing Address: _____

Cell phone (_____) _____

Email _____

Name _____

M / F Age _____ Graduation year _____

Mailing Address: _____

Cell phone (_____) _____

Email _____

Name _____

M / F Age _____ Graduation year _____

Mailing Address: _____

Cell phone (_____) _____

Email _____

Name _____

M / F Age _____ Graduation year _____

Mailing Address: _____

Cell phone (_____) _____

Email _____

Please email this form to: contact@projectconnect.org

or

Mail to: Project Connect 665 Eaton Road Freedom, NH 03836

Question's: 603 539-7257 or 603 848-9904