

# 2010 CEW REGISTRATION FORM



## Who Am I ?

Complete the entire form and send, with a \$10 deposit, to:  
Pam Drury 1402 2<sup>nd</sup> Ave.  
Camanche, Ia. 52730

Checks should be made out to "Prince of Peace CEW".

Note: Total cost for the weekend is \$35.00.

Call 563-259-8966 for questions/information

Name:

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(as you wish your name to appear on a name tag for the weekend)

Spouse

Name: \_\_\_\_\_

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Phone:

\_\_\_\_\_ Email \_\_\_\_\_

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Street Address:

\_\_\_\_\_

City, State, and Zip:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Number of Children:

\_\_\_\_\_

Parish and City:

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**Religious Denomination:**

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**People you know who have attended a CEW:**

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**What/who influenced you to attend a CEW?**

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**Do you have any medical condition(s) that we should be aware of? (Diabetes, Heart Disease, Seizures etc...)**

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**Do you require special dietary/ health needs? If so please explain:**

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**In case of emergency, please notify:**

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**Phone:**

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**Please attach another piece of paper to give a brief explanation of your expectations of the weekend.**