

FAITH *for the* FAMILY

S o u t h w e s t Married Couples Retreat

Thursday-Saturday, February 16-18
at the GAYLORD TEXAN

REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Mobile Phone (_____) _____

E-mail Address _____

Church _____

Address _____

City _____ State _____ Zip _____

Pastor's Name _____

Church Telephone (_____) _____

Mail a completed registration form and a check to :

Crown Southwest

724 N Jim Wright FWY

Fort Worth, TX 76108

Make checks payable to Crown Southwest.

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