

**REGISTRATION**  
**8<sup>TH</sup> DAY URBAN PLUNGE**  
**Mon, April 5 – Sat, April 10, 2010**

**Contact Person** \_\_\_\_\_

**Congregation** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Street

**email:** \_\_\_\_\_

\_\_\_\_\_

*city State Zip*

**Payment:**    **Member Congregations:**    **\$175/person**  
**Non-Member Congregations**    **\$200/person**

**Enclosed:** \_\_\_\_\_    **Later:** \_\_\_\_\_

**Participants for Urban Plunge** (please print information below and return by **Monday, February 15, 2010** to:

Kaitlin Ramsey  
8<sup>th</sup> Day Center for Justice  
205 W Monroe St. #500  
Chicago, IL 60606-5013

1	2	3
_____	_____	_____
<i>first name</i>	<i>first name</i>	<i>first name</i>
_____	_____	_____
<i>last name</i>	<i>last name</i>	<i>last name</i>
_____	_____	_____
<i>city State Zip</i>	<i>city State Zip</i>	<i>city State Zip</i>
_____	_____	_____
<i>phone email</i>	<i>phone email</i>	<i>phone email</i>
_____	_____	_____
<i>Ministry/other relevant experience</i>	<i>Ministry/other relevant experience</i>	<i>Ministry/other relevant experience</i>
_____	_____	_____
<i>Dietary or other special needs</i>	<i>Dietary or other special needs</i>	<i>Dietary or other special needs</i>
_____	_____	_____
<i>Name for Name Tag</i>	<i>Name for Name Tag</i>	<i>Name for Name Tag</i>

*Use reverse side for additional participant information*

<p>4</p> <hr/> <p><i>first name</i></p> <hr/> <p><i>last name</i></p> <hr/> <p><i>city</i>      <i>State</i>      <i>Zip</i></p> <hr/> <p><i>phone</i>      <i>email</i></p> <hr/> <p><i>Ministry/other relevant experience</i></p> <hr/> <p><i>Dietary or other special needs</i></p> <hr/> <p><i>Name for Name Tag</i></p>	<p>5</p> <hr/> <p><i>first name</i></p> <hr/> <p><i>last name</i></p> <hr/> <p><i>city</i>      <i>State</i>      <i>Zip</i></p> <hr/> <p><i>phone</i>      <i>email</i></p> <hr/> <p><i>Ministry/other relevant experience</i></p> <hr/> <p><i>Dietary or other special needs</i></p> <hr/> <p><i>Name for Name Tag</i></p>	<p>6</p> <hr/> <p><i>first name</i></p> <hr/> <p><i>last name</i></p> <hr/> <p><i>city</i>      <i>State</i>      <i>Zip</i></p> <hr/> <p><i>phone</i>      <i>email</i></p> <hr/> <p><i>Ministry/other relevant experience</i></p> <hr/> <p><i>Dietary or other special needs</i></p> <hr/> <p><i>Name for Name Tag</i></p>
<p>7</p> <hr/> <p><i>first name</i></p> <hr/> <p><i>last name</i></p> <hr/> <p><i>city</i>      <i>State</i>      <i>Zip</i></p> <hr/> <p><i>phone</i>      <i>email</i></p> <hr/> <p><i>Ministry/other relevant experience</i></p> <hr/> <p><i>Dietary or other special needs</i></p> <hr/> <p><i>Name for Name Tag</i></p>	<p>8</p> <hr/> <p><i>first name</i></p> <hr/> <p><i>last name</i></p> <hr/> <p><i>city</i>      <i>State</i>      <i>Zip</i></p> <hr/> <p><i>phone</i>      <i>email</i></p> <hr/> <p><i>Ministry/other relevant experience</i></p> <hr/> <p><i>Dietary or other special needs</i></p> <hr/> <p><i>Name for Name Tag</i></p>	<p>9</p> <hr/> <p><i>first name</i></p> <hr/> <p><i>last name</i></p> <hr/> <p><i>city</i>      <i>State</i>      <i>Zip</i></p> <hr/> <p><i>phone</i>      <i>email</i></p> <hr/> <p><i>Ministry/other relevant experience</i></p> <hr/> <p><i>Dietary or other special needs</i></p> <hr/> <p><i>Name for Name Tag</i></p>