



Blessing 2004 – New York

Registration Form



Please register by July 23rd by email to hsawestrock@yahoo.com or by fax: 914-366-6172

State: _____ Leader's Name: _____

Husband: _____
First Name MI Family Name

Wife: _____
First Name MI Family Name

Cell Phone No. (_____) _____

Home Phone No. (_____) _____ Home Fax No. (_____) _____

Email Address: _____

† Transportation and accommodations are the responsibility of the participant to secure.
 † Prepare Registration Fee: \$100/couple – Cash / Check payable to HSA-UWC. Bring this money or check with you, it will be collected as you arrive. [NOTE: This is not the Blessing Fee required by National Headquarters.]

Comments:

Signature: _____ Date: _____

New York Region
 147 West 120th Street, New York, NY 10027
 212-316-0642