10,000 Reasons (Bless the Lord)



Name:	Age	Age (if AB GIRL):	
Address:			
City:	State:	Zip Code:	
Phone:	Email:		
Church Name:	Association	:	
Special Diet Needs:			
Please Check One:			
Registration: \$40			
AB GIRLS Registration: \$40)		
Checks should be made payable to AB Women's	Ministries of MA. Mail your Registration Forms	& Payment to:	
Naomi Stanley, To	reasurer, 258 Glen Meadow Rd., Fra	nklin, MA 02038	
	use photos taken of members for publicity, including for using names and photos by AB Women's Ministricithout further written consent.		
ignature:			
Date:			
	Deadline: October 28, 2023		

