



Mail In Payment Form

Which event will you be attending?

Oklahoma Texas

Attendee #1 Name _____

Address _____ City, State _____ Zip _____

Email _____ Phone (____) _____

1.) **Please check all that apply.** Single mom Pastors wife Foster/Adoptive mom
 Mom of a special needs child None of these apply to me

2.) **Do you have any dietary restrictions?** Vegetarian Gluten-free No restrictions

3.) **Have you attended the Summit before?** This will be my 1st yr 2nd yr 3+yrs

4.) **Do you homeschool?** No, I'm just a like-hearted mom No, but I'm considering it
 This will be my 1st year 2-4 years 5+ years They have graduated

Attendee #2 Name _____

Address _____ City, State _____ Zip _____

Email _____ Phone (____) _____

1.) **Please check all that apply.** Single mom Pastors wife Foster/Adoptive mom
 Mom of a special needs child None of these apply to me

2.) **Do you have any dietary restrictions?** Vegetarian Gluten-free No restrictions

3.) **Have you attended the Summit before?** This will be my 1st yr 2nd yr 3+yrs

4.) **Do you homeschool?** No, I'm just a like-hearted mom No, but I'm considering it
 This will be my 1st year 2-4 years 5+ years They have graduated

Attendee #3 Name _____

Address _____ City, State _____ Zip _____

Email _____ Phone (____) _____

1.) **Please check all that apply.** Single mom Pastors wife Foster/Adoptive mom
 Mom of a special needs child None of these apply to me

2.) **Do you have any dietary restrictions?** Vegetarian Gluten-free No restrictions

3.) **Have you attended the Summit before?** This will be my 1st yr 2nd yr 3+yrs

4.) **Do you homeschool?** No, I'm just a like-hearted mom No, but I'm considering it
 This will be my 1st year 2-4 years 5+ years They have graduated

Make check payable to: Winter Summit

Enclosed Amount: _____

Send payment to: Winter Summit, c/o Roxanne Parks, 2612 Meadow View Rd, Edmond, OK 73013