Information Meeting RSVP please fill out and bring to church

Sunday, October 16	at 11:45am	Number attending:
We will need ch	ildcare for _	children
Dietary restriction	ons:	
Thursday, October 2	:0 th at 6:30pn	n Number attending:
		e dates, but would like to be ings are scheduled.
I would like to view a	a recording o	of the meeting at a later date.
Name(s):	1.7	
Phone:	Email:	

PLEASE RSVP BY OCTOBER 9th

We look forward to seeing you!