

**2009-2010  
Sharing Your Gifts  
Adult Commitment to LOGOS**

Name: \_\_\_\_\_

Address (If not on child registration form): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_

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