

REG#: _____ DATE PAID: _____ _____
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**CHRISTIAN RESOURCE NETWORK, INC.**

**NETWORK BREAKFAST REGISTRATION FORM**

**Saturday, December 6, 2014**

**Place: EASTERN NAZARENE COLLEGE (Mann CTR)  
23 EAST ELM AVE, QUINCY MA 02170**

**Time: 8:45 am—12:30pm**

**\*Donation: \$30.00; Seniors \$25;  
Youth \$20; Vendor table \$75**

**I will also be attending the Friday night service**

**Full Name:**

**Street Address:**

**City**

**State:**

Ma

**Zip Code:**

**Telephone:**

**Your E-mail Address:**

**Registration:** \$ \_\_\_\_\_  
**Vendor Table** \$ \_\_\_\_\_  
**Contribution:** \$ \_\_\_\_\_  
**Total:**

**Please make check or money order payable to:**

**Christian Resource Network, Inc.  
Box 190971/Boston, MA 02119**

**For more information or for tickets, please call us at Tel 617.282.6182 or Email:  
Jblake@christianresourcenetwork.org  
Visit the website: [www.christianresourcenetwork.org](http://www.christianresourcenetwork.org) \*Includes full breakfast.**