

**Iola Community-Wide Women's Gathering  
April 5, 2025**

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

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

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

**Member of a church? (Y/N)** \_\_\_\_\_

**If so, which one?:** \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_

**Cost: \$35**     **(click here to pay)**