

FEB 2____

JUN 2____

SEP 2____

COLORADO STATE COUNCIL REGISTRATION FORM



TITLE: _____

LAST NAME	FIRST NAME
ADDRESS	CITY/STATE/ZIP
HOME PHONE	CELL PHONE
BUSINESS PHONE	EMAIL ADDRESS

CHURCH NAME
PASTOR'S NAME
CHURCH ADDRESS
City/State/Zip

REGISTRATION INFORMATION

GENERAL BODY Pastor-\$10 Minister-\$7 Lay Member - \$5	CHRISTIAN EDUCATION - \$5	HEALTH PROF - \$5
MEN'S MINISTRY - \$5	MINISTER'S WIVES - \$5	USHERS - \$5
WOMEN'S MINI STRY - \$5	YOUNG PEOPLE - \$5	Chairman Offering -

GRAND TOTAL _____

Lunch RSVP Friday Only Saturday Only Both Days

OFFICE USE ONLY

Cash Check Credit Card

Preparer: _____ QA Reviewer: _____