

FEB 20__

JUN 20__

SEP 20__



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	BISHOP OFFERING - \$	CHAIRMAN OFFERING - \$
MEN'S MINISTRY - \$5	MINISTER'S WIVES - \$5	USHER'S - \$5
WOMEN'S MINISTRY - \$5	YOUNG PEOPLE - \$5	HEALTH PROF - \$5
MISSIONS - \$5	SINGLES MINISTRY - \$5	CHRISTIAN EDUCATION - \$5

GRAND TOTAL \$ _____

LUNCH RSVP Friday Saturday

OFFICE USE ONLY

Cash

Check

Credit Card

Preparer: _____

QA Reviewer: _____