

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 MINISTRY - \$5 Fellowship Breakfast YES <input type="checkbox"/> NO <input type="checkbox"/>	YOUNG PEOPLE - \$5 Cheyenne Mountain Zoo YES <input type="checkbox"/> NO <input type="checkbox"/> (Permission Slip Required. Bring your own lunch)	Chairman Offering -

GRAND TOTAL _____

Lunch RSVP Friday Only ☐ Saturday Only ☐ Both Days ☐

OFFICE USE ONLY

Cash ☐ Check ☐ Credit Card ☐

Preparer: _____

QA Reviewer: _____