



First Jurisdiction of Louisiana

Church of God in Christ

Bishop James W. Proctor, Jurisdictional Prelate

REGISTRATION FORM

Please check the appropriate box(es)



YEAR 2018

****Please Mail Registration Forms & Payments to****
Elder Jeffrey Williams
P. O. Box 7032
Shreveport, Louisiana 71137

USAC
 United State Auxiliaries Convention
Early Bird Registration
Must Be Received by June 23, 2018

Early Bird Registration	Late Registration
\$15.00 (Ages 0-11) <input type="checkbox"/>	\$25.00 (Ages 0-11) <input type="checkbox"/>
\$25.00 (Ages 12-14) <input type="checkbox"/>	\$35.00 (Ages 12-14) <input type="checkbox"/>
\$35.00 (Ages 15-17) <input type="checkbox"/>	\$45.00 (Ages 15-17) <input type="checkbox"/>
\$50.00 (Ages 18 +) <input type="checkbox"/>	\$60.00 (Ages 18 +) <input type="checkbox"/>

March Workers' Meeting
Early Bird Registration
Must Be Received by February 10, 2018

\$50.00 per person – Early Bird Registration
 \$60.00 per person – LATE REGISTRATION

PLEASE PRINT or TYPE Has Your Name Changed? Has your Address Changed? Are You A Guest?

First Name:	
Last Name:	
Address:	
City:	
State:	
Zip Code:	

Home Phone #:	
Cell Phone #:	
District Name:	
Church Name:	
Pastor Name:	
Email Address:	

Check The Following That Apply:

- | | |
|---|---|
| <input type="checkbox"/> Bishop
<input type="checkbox"/> Bishop's Wife
<input type="checkbox"/> Superintendent
<input type="checkbox"/> Superintendent's Wife
<input type="checkbox"/> Pastor
<input type="checkbox"/> Pastor's Wife
<input type="checkbox"/> Elder
<input type="checkbox"/> Elder's Wife
<input type="checkbox"/> Licensed Minister
<input type="checkbox"/> Licensed Minister's Wife | <input type="checkbox"/> Supervisor
<input type="checkbox"/> District Missionary
<input type="checkbox"/> Missionary
<input type="checkbox"/> Aspiring Missionary
<input type="checkbox"/> Lay Person -- Female
<input type="checkbox"/> Lay Person -- Male
<input type="checkbox"/> College Ministry 18-24
<input type="checkbox"/> Love Alive Ministry 15-17
<input type="checkbox"/> Love Alive Ministry 12-14 |
|---|---|

Requested Training Module
Please Indicate
Your 1st, 2nd, and 3rd Choice

Evangelism Department _____
 Mission Department _____
 Music Department _____
 Sunday School Department _____
 Youth Department _____

Check The Following Title That Apply:

- If This Is Your First Time Attending**
 If You Will Be Attending Classes
 If You Are A USAC Graduate
 If You Are Scheduled To Graduate This Year

A Registration Form must be submitted for **EACH** person registering. Includes Adults and Children. **Registration Fee Must Accompany Form.**

FOR OFFICE USE ONLY

Date Received: ____/____/____

Fees Received: \$_____ Balance: \$_____

Payment Type:

Cash Check Credit Card Credit Union

Received by: _____

Revised 12/01/2017