

Louisiana First Jurisdiction | Church of God in Christ, Inc.

Pastor & Pastor's Wife | Elder & Elder's Wife Retreat 2018

Wedding Anniversary Date: ____/____/____

PLEASE CHECK YOUR COUPLE CATEGORY

How many years married? _____

CATEGORY 1

CATEGORY 2

CATEGORY 3

Title: _____

Superintendent

Pastor

Elder

Supt.'s Wife

Pastor's Wife

Elder's Wife

First Name: _____ Last Name: _____

Spouse's Title: _____ (Missionary, Asp. Missionary, Sister, etc.)

Spouse's First Name: _____ Spouse's Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____-____-____ Cell Phone: (____) _____-____-____

Email Address: _____ District Name: _____

Local Church Name: _____

(What is your Pastor's Name? Only if you are not a Pastor) _____

Emergency Contact: _____ Phone: (____) _____-____-____

Your Health Concerns: _____ Allergies: _____

Spouse's Health Concerns: _____ Allergies: _____

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RETREAT REGISTRATION PAYMENT INFORMATION

REGISTRATION IS \$230.00 PER COUPLE. Registration Fee is **NON-REFUNDABLE.**

The registration fee must be paid in full to complete registration.

FINAL PAYMENT DUE DATE: JULY 27, 2018

MAKE CHECKS PAYABLE TO: CHURCH OF GOD IN CHRIST

MAIL FORMS AND PAYMENTS TO:

P.O. BOX 394, CROWLEY, LOUISIANA 70527

FOR REGISTRATION STAFF ONLY:

Registration Received By: _____

Payment Type: Cash Check Money Order

Date Received: ____/____/____ Amount Received:\$_____ Balance:\$_____

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Special Note: _____

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