

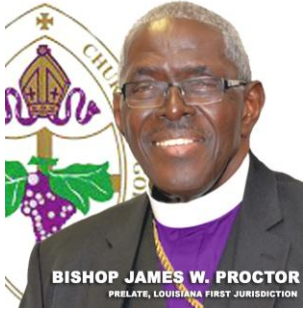
Historical Louisiana First Jurisdiction

Church of God in Christ

Bishop James W. Proctor, Jurisdictional Prelate

REGISTRATION FORM

Please check the appropriate box(es)



****Please Mail Registration Forms & Payments To****

Elder Jeffrey Williams

P. O. Box 7032

Shreveport, Louisiana 71137

YEAR 2019

GOLD REGISTRATION - \$90.00

Must Be Received by February 14, 2019

Leader's And Worker's Meeting
USAC Convention

USAC

United State Auxiliaries Convention

Early Bird Registration

Must Be Received by June 22, 2019

Early Bird Registration

Late Registration

March Workers' Meeting

Early Bird Registration

Must Be Received by February 14, 2019

\$50.00 per person – Early Bird Registration

\$55.00 per person – LATE REGISTRATION

\$15.00 (Ages 0-11)

\$25.00 (Ages 12-14)

\$35.00 (Ages 15-17)

\$50.00 (Ages 18 +)

\$20.00 (Ages 0-11)

\$30.00 (Ages 12-14)

\$40.00 (Ages 15-17)

\$55.00 (Ages 18 +)

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

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

FOR OFFICE USE ONLY

Date Received: _____/_____/_____
Fees Received: \$_____ Balance: \$_____
Payment Type:
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Credit Union
Received by: _____