WOOD RIVER BAPTIST DISTRICT ASSOCIATION, INC

Congress Registration Annual Session: July 9-13, 2018

Section 1:

Date: _____ / _____ / 2018

Name of Church:

_____

Pastor's Name:

_____

Contact Information:

Church Mailing Address:

Street Name: _____

Street Address:_____

City: _____

State: _____

Church Phone: (_____) - _____ - _____

Delegate Email Address:

_____

The above Church represents and registers with the Registrar a total of _____ delegates from Region _____for the 2018 Wood River District Association Annual Congress of *Christian Education.

*Congress class registration is $5 per delegate. Delegates church should be registered with Finance before registration is considered completed. Any questions concerning the registration and payment process, contact the Registrar, Mrs. Emma Lewis at: 217-544-1423, or

email to: registar@woodriverbaptist.org

Section 2:

Delegate Information:

Indicate the type of Congress Delegate by Letter Code:

A= Adult (26 and older) YA= Young Adult (18-25) B= BYF (13-17)

M= Minister C= Children (3-12)

SPECIAL INSTRUCTIONS:

All Delegates must be registered. Contact the registrar for additional registration information or instructions.

Delegate Name, Address, City/State, Zip Code:

Indicate title as: Rev., Dr., Miss, Ms., Mrs., or Mr. except for children. Complete all information as applies.

	Letter Code	Course Name	Delegate Name: (Title, First Name, MI, Last Name)	Delegate Address	City, State	Zip Code	Region: 1,2,3, 4 or 5
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	Letter Code	Course Name	Delegate Name: (Title, First Name, MI, Last Name)	Delegate Address	City, State	Zip Code	Region: 1, 2, 3, 4 or 5
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