**WOOD RIVER BAPTIST DISTRICT ASSOCIATION, INC.**

**180TH Annual Session: July 15-19, 2019**

**Congress Registration**

**Complete this form, save the completed form to your computer, then email the completed form to:** [**registrar@woodriverbaptist.org**](mailto:registrar@woodriverbaptist.org)

**Section 1: Church Information**

**Date:** Click here to enter a date.

**Name of Church:** Click here to enter text.

**Pastor’s Name:** Click here to enter text.

**Church Address:** Click here to enter text.

**City:** Click here to enter text. **State:** Click here to enter text.

**Zip Code:** Click here to enter text.

**Church Phone:** Click here to enter text.

**Contact Information:**

(\*This is the person completing this registration form)

**\*Delegate Name:** Click here to enter text.

**\*Delegate Phone:** Click here to enter text.

**\*Delegate Email Address:** Click here to enter text.

The above Church represents and registers with the Registrar a total of **Click here to enter text.** delegates from Region Choose an item. for the 2019 Wood River District Association Annual Congress of Christian Education.

\*Congress class registration is $5 per delegate. Each church should be registered with the Wood River Finance Committee before delegates registration is considered completed. Any questions concerning the registration or payment process, contact the Registrar, Mrs. Emma Lewis at: 217-544-1423, or email to: [registrar@woodriverbaptist.org](mailto:registrar@woodriverbaptist.org)

**Section 2: Delegate Information**

**SPECIAL INSTRUCTIONS:** ALL DELEGATES MUST REGISTER. If your church has more than 40 delegates please contact the Registrar to obtain a long registration form for your use instead of this form.

**Name of Church:** Click here to enter text.

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| **#** | **Letter Code** | **Delegate Name**  **(Title, First Name, Last Name)** | **Course Registering For** | **Region** |
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