



**East Zion Consolidated District Association  
 Rev. L. Mike Woodberry, Moderator  
 CHURCH REGISTRATION FORM**

**ADULTS ONLY**

- Board Meeting     **CONGRESS**     Annual Session     Annual Day     Other

**PLEASE PRINT**

Church Name:	Pastor:
Church Address: (street)	(city) (zip)
Phone Number:	Fax Number:
Email Address:	

**\*DELEGATE LIST**

\*Adults registering in a Mid-day Course **AND** an Evening Course pay **\$15 per delegate**. Please list Student name separately for with each course selected.

	<u>NAME</u>	<u>ADDRESS</u>	<u>COURSE NO.</u>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

**ADULT REGISTRATION FEE: \$15.00**

Number Registered \_\_\_\_\_ @ \$15 per Delegate    Amount Due: \$ \_\_\_\_\_    Total Submitted: \$ \_\_\_\_\_

**NOTE: YOUR REGISTRATION IS NOT COMPLETE UNTIL PAYMENT IS RECEIVED**

<u>Mail Registration Form and Fee to:</u> East Zion Consolidated District Attn: Rev. Kenneth Sherrill, Executive Secretary/Treasurer P.O. Box 11393 Oklahoma City, OK 73136	<u>Make Check Payable to:</u> <b>East Zion District Association (EZDA)</b> <b>Memo: EZDC Registration</b>
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CHURCH REGISTRATION FORM**

Page \_\_\_\_ of \_\_\_\_

**YOUTH and CHILDREN ONLY**

- Board Meeting     **CONGRESS**     Annual Session     Annual Day     Other

**PLEASE PRINT**

Church Name:	Pastor:
Church Address: (street)	(city) (zip)
Phone Number:	Fax Number:
Email Address:	

**DELEGATE LIST**

	<u>NAME</u>	<u>ADDRESS</u>	<u>AGE</u>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

**Youth & Children Registration Fee: \$10.00 Each**

**Number Y/C Registered \_\_\_\_ @ \$10 per delegate    Amount Due: \$\_\_\_\_    Total Submitted: \$\_\_\_\_**

**NOTE: YOUR REGISTRATION IS NOT COMPLETE UNTIL PAYMENT IS RECEIVED**

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**East Zion Consolidated District Association  
 Rev. L. Mike Woodberry, Moderator  
 CHURCH REGISTRATION FORM**

**East Zion District Congress of Christian Education**

**\*YOUNG ADULT SESSION REGISTRATION FORM**

**PLEASE PRINT**

Church Name:	Pastor:
Church Address: (street)	(city) (zip)
Phone Number:	Fax Number:
Email Address:	

**DELEGATE LIST**

1	Name	Address	
2	Name	Address	
3	Name	Address	
4	Name	Address	
5	Name	Address	
6	Name	Address	
7	Name	Address	
8	Name	Address	
9	Name	Address	
10	Name	Address	
11	Name	Address	
12	Name	Address	
13	Name	Address	
14	Name	Address	
15	Name	Address	

**Young Adult Session Participant Registration Fee: \*\$15.00 Each**

**Number YA Registered \_\_\_\_\_ @ \$15 per delegate    Amount Due: \$\_\_\_\_\_    Total Submitted: \$\_\_\_\_\_**

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