



**East Zion Consolidated District Association
Rev. A. R. Crawford, Moderator
CHURCH REGISTRATION FORM**

Page ___ of ___

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 the Mid-day course (#5009) **AND** an evening course must pay **\$15 per course**. Please list name twice and course number.

	<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 *Course 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> East Zion District Association (EZDA) Memo: EZDC Registration
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**East Zion Consolidated District Association
Rev. A. R. Crawford, Moderator
CHURCH REGISTRATION FORM**

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. A. R. Crawford, Moderator
CHURCH REGISTRATION FORM**

***Course No. 2057 YOUNG ADULT - "iROCK" PARTICIPANTS ONLY**

PLEASE PRINT

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

DELEGATE LIST (Please specify interest for each delegate)

1	Name	Address	
	Please Check Area of Interest:	<input type="checkbox"/> Bible Study	<input type="checkbox"/> Choir / Music <input type="checkbox"/> Drama / Dance / Mime
2	Name	Address	
	Please Check Area of Interest:	<input type="checkbox"/> Bible Study	<input type="checkbox"/> Choir / Music <input type="checkbox"/> Drama / Dance / Mime
3	Name	Address	
	Please Check Area of Interest:	<input type="checkbox"/> Bible Study	<input type="checkbox"/> Choir / Music <input type="checkbox"/> Drama / Dance / Mime
4	Name	Address	
	Please Check Area of Interest:	<input type="checkbox"/> Bible Study	<input type="checkbox"/> Choir / Music <input type="checkbox"/> Drama / Dance / Mime
5	Name	Address	
	Please Check Area of Interest:	<input type="checkbox"/> Bible Study	<input type="checkbox"/> Choir / Music <input type="checkbox"/> Drama / Dance / Mime
6	Name	Address	
	Please Check Area of Interest:	<input type="checkbox"/> Bible Study	<input type="checkbox"/> Choir / Music <input type="checkbox"/> Drama / Dance / Mime
7	Name	Address	
	Please Check Area of Interest:	<input type="checkbox"/> Bible Study	<input type="checkbox"/> Choir / Music <input type="checkbox"/> Drama / Dance / Mime
8	Name	Address	
	Please Check Area of Interest:	<input type="checkbox"/> Bible Study	<input type="checkbox"/> Choir / Music <input type="checkbox"/> Drama / Dance / Mime
9	Name	Address	
	Please Check Area of Interest:	<input type="checkbox"/> Bible Study	<input type="checkbox"/> Choir / Music <input type="checkbox"/> Drama / Dance / Mime
10	Name	Address	
	Please Check Area of Interest:	<input type="checkbox"/> Bible Study	<input type="checkbox"/> Choir / Music <input type="checkbox"/> Drama / Dance / Mime

Young Adult iROCK Participant Registration Fee: *\$10.00 Each

Number YA Registered ____ @ \$10 per delegate Amount Due: \$ _____ Total Submitted: \$ _____

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