

**REGISTRATION FORM
SOPAS FLORIDA**

Camp Sonshine
Brooksville, Florida
Sept 14 – 16, 2017

Name: _____ Sex: M F (Circle one)

Address: _____ City _____ Zip: _____

Email: _____

Local Church: _____

Name of Pastor: _____

Minister? Y N (circle one) Pastor? Y N Bishop Y N Lay Minister Y N

Ministry Involvement: _____

Financials:

Fee: _____
\$100 (Incl Room & Meals)

Note Book: _____
\$10

Signatures : _____
Student Pastor's Endorsement

To help us to prepare for you it is important that you complete and return this Registration Form to the State Office.