

DISTRICT COUNCIL REGISTRATION



Church or Individual Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: (_____) _____

Number of Children for Tuesday & Wednesday Childcare:

Newborn-age 2: _____ Ages 3-5: _____

Number of Monday Night Banquet Tickets: _____ @ \$30.00 each = _____

Number of Ministers to PRE-REGISTER for Business: _____ @ \$25.00 each = _____

(PRINTED names of INDIVIDUAL MINISTERS registering for Business):

_____	_____
_____	_____
_____	_____
_____	_____

Number of Delegates to PRE-REGISTER for Business: _____ @ \$25.00 each = _____

(SIGNED Delegate cards MUST ACCOMPANY this registration form & payment.)

TOTAL PAYMENT AMOUNT: _____

Form of Payment: _____ check # _____ OR _____ Visa / Master Card (circle)

Card # _____ Exp. ____/____ 3-digit code: _____

Credit Card Billing Address: _____

Zip Code: _____ Signature: _____

DEADLINE FOR PRE-REGISTRATION is Postmarked April 22nd.

Checks made payable to the Assemblies of God, Michigan District and mailed to:
District Council – 10370 Citation Drive – Brighton, MI 48116