

Pastor Delegate Address Information Sheet

Please provide the following requested information on this form. Turn this form in to the Secretary at Conference.

Pastor's Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Cell Phone #: _____

Email Address: _____

Delegate's Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Cell Phone #: _____

Email Address: _____

Alternate Delegate's Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Cell Phone #: _____

Email Address: _____

Click Submit to send this form to the secretary: