

B. M. & E. STATE CONGRESS OF CHRISTIAN EDUCATION
1ST ANNUAL SUPER SUNDAY SCHOOL SUPERINTENDENTS CONFERENCE ENROLLMENT FORM

Date: _____ 20____

Church Name: _____

Pastor: _____

Mailing Address: _____

Church Address: _____

District: _____ Congress President: _____

Church Representation

Unlimited Messengers \$ 75.00 \$ _____

Names:

1. _____ email: _____

2. _____ email: _____

3. _____ email: _____

4. _____ email: _____

5. _____ email: _____

6. _____ email: _____

7. _____ email: _____

8. _____ email: _____

9. _____ email: _____

10. _____ email: _____

11. _____ email: _____

12. _____ email: _____

13. _____ email: _____

14. _____ email: _____

15. _____ email: _____

TOTAL \$ _____

FOR FINANCE USE ONLY:

Amount \$ _____

Cash: _____ Check: _____ Check # _____

Received by: _____