

MOHAWK DISTRICT SPRING LAY SPEAKING COURSE REGISTRATION FORM

NAME: _____

ADRESS: _____

CITY, STATE,ZIP: _____

PHONE: _____ EMAIL: _____

Home Church: _____

Course Name: _____

Date (s): _____

All participants are required to have the approval of their home church in order to participate.

By my signature below, I signify that I approve this person to be enrolled in the above Lay Speaking Ministry Course

PASTOR: _____

CHURCH COUNCIL CHAIRPERSON or LAY LEADER: _____