

ZION CONGRESS OF CHRISTIAN EDUCATION
Deacon Leo Moore, President
Deacon Kenneth Smith, Vice President
Dean Kathy Morgan, Dean

PERSONAL REGISTRATION

DATE _____, 20_____

NAME _____

ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

TELEPHONE: _____ CELL: _____

CHURCH: _____

ADDRESS: _____

CHURCH MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHURCH E-MAIL ADDRESS: _____

CHURCH TELEPHONE: _____ FAX: _____

PERSONAL REGISTRATION IS \$20.00 PER PERSON:

Please Indicate Your Choice of Class:

Personal Registration: _____

Building Fund: _____

Church Registration: _____

Pledge: _____

Debt Free In Three: _____

Special Offering: _____