

Reimagining Church Registration Form

Church Name _____

City _____

Email _____

Action Team Lay Members (4-6)

	<u>Name</u>	<u>Email</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Rostered Minister(s) _____

Email(s) _____

***Please indicate any dietary restrictions (such as gluten free, vegetarian, etc.)

Cost: \$45/per person – lay members and rostered ministers (to cover food costs at the three Congregation Action Team Gatherings on September 15, January 12, and April 6)

____ # of people attending \$45 = Amount Enclosed _____ (non-refundable)

(make checks payable to East Central Synod of Wisconsin)

Please send in registration by June 15 to:

East Central Synod of Wisconsin
Attn: Rev. Amy Engebose
16 Tri Park Way,
Appleton, WI 54914

Register early! Space is limited!!!!