

# Registration Form

**Church** \_\_\_\_\_

**Pastor** \_\_\_\_\_

**Your Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_

**Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

Circle what is applicable:

**Age— (12-19) (20-35) (36-49) (50 & above)**

**Marital status— Single, Married, Widow**

**Are you attending for the first time? \_\_\_\_\_**

**AMOUNT ENCLOSED \_\_\_\_\_**

**Make Checks Payable to:**

**BETHEL BAPTIST CHURCH**

**Mailing Address**

**Bethel Baptist Church**

***c/o Ladies Conference***

**6001 Goodman Rd**

**Walls, MS 38680**