Lay	Servant Mini	istries R	egistration
Name:	me:Local Church:		
Address:			
			Zip:
Phone	E-Mail:		
This is a universal ses	registration form	for all Cros	ssroads District LSM Clas-
All needed course	information four	nd on Cour	se Curriculum Sheet.
Please indicate th	ne course you inte	nd to take:	
Last class taken/L Select One:	Date/Instructor		
I wish to de	evelon skills neede	ed in minist	rv
	wish to become a		•
I wish to be	approved for cou	rses in Cert	tified Lay Speaking
Applicant's Signat	ure		Date
Pastor's Signature	!		Date
Application and p Payable to: UNYA		class) due a	at registration.
Send both to Rob	ert Mueller, 4432	Lathrop Dr	., Marcellus NY, 13108