

Upper New York Conference of the United Methodist Church
Mohawk District Committee for Lay Servant Ministries

Student Registration Form

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

Home Church: _____

Course Name: _____

Date (s): _____

Fees are payable by check to: Upper NY Conference. Mail this registration form and payment to: Lay Servant Course, Mohawk District Office, 105 Genesee Street, New Hartford, NY 13413-2387

NOTE:

All participants for the “Basic” Course are required to have the approval of their home church in order to enroll and participate.

By my signature below, I signify that I approve this person to be enrolled in the “Basic” Lay Servant Ministry Course

PASTOR: _____

CHURCH COUNCIL CHAIRPERSON or LAY LEADER: _____