

# REGISTRATION FORM

— LEADERSHIP TRAINING INSTITUTE



## REGISTRATION FORM

Pastor    Judicial Council    General Secretary    Lay    Missionary    Guest

Title:   Mr.    Mrs.    Rev.    Rev. Dr.    Bishop    Presiding Elder

**DIRECTIONS:** A registration form and payment received is required to complete registration

## PERSONAL INFORMATION

First Name :    Last Name :   
Address :    City :    State :    
Cell Phone :    Email :   
Emergency : Contact Name    Contact Cell :   
Church :    Presiding Elder :   
Region : Central    DFW/Northwest    East    Southeast    Visitor   
E-Mail :   
Please Check : Child (6-11)    Youth (12-17)    Adult(18-35)    Adult (36+)    Female

Checks should be made payable to: Central Texas Region - memo: LTI 2025  
Send registration form and payments to:  
Carter Metropolitan C.M.E. Church, 4601 Wichita St, Fort Worth, TX 76119  
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### Office Use Only

Date form received: \_\_\_\_\_  
Amount Paid : \_\_\_\_\_  
Confirmed by : \_\_\_\_\_  
Notes \_\_\_\_\_

*Signature*

Signature Of Author

THANK YOU FOR YOUR INFORMATION