

CALVARY CHAPEL DEEP SOUTH WORSHIP CONFERENCE REGISTRATION

Name: _____

Street Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact #: _____

Email Address: _____

Church Name: _____

Are you a senior pastor? Yes | No

If registering for more than one person, list the names of those you are paying for now:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____