

CALVARY CHAPEL DEEP SOUTH WORSHIP CONFERENCE REGISTRATION

Name: _____

Street Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact #: _____

Email Address: _____

Church Name: _____

Are you the Senior Pastor? Yes | No

Are you the primary Worship Leader? Yes | No

In which role(s) of ministry are you primarily serving? *Circle all that apply.*

Worship Leader Musician Vocalist Pastoral Audio (sound, audio tech, etc.)

Visual (words, camera, etc.) Service/Media Producer Other: _____

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

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