

Local Pastors' Licensing School
South Georgia Conference -The United Methodist Church
February 3-10, 2012
Registration Form

Name: _____

Address: _____

Home Phone: _____ **Work Phone:** _____ **Cell** _____

E-mail address _____

Age: _____ **Gender: Male** ___ **Female** ___

District Affiliation _____ Conference affiliation _____

Date of Certification by District Committee on Ministry: _____

Signature of District Superintendent: _____

List any medical conditions that might require special consideration at Epworth:

Please list a person whom we could contact in case of an emergency.

Name: _____ Phone: _____

Relationship: _____

PLEASE RETURN THIS FORM ON OR BEFORE THE DEADLINE OF JANUARY 10TH TO:

Steve Meguiar
Local Pastors' Licensing School
2028 Tennessee Ave.
Savannah, Ga. 31404

****Enclose a check in the amount of \$300 made payable to Local Pastor's Licensing School.**

If you have questions call/e-mail me at:
912-657-8844 or smeguiar@comcast.net