

REGISTRATION
TRAINING FOR YOUTH EDUCATION 2013

TRAINING DATE: _____

CHURCH NAME: _____

CONTACT NAME: _____

CONTACT PHONE: _____

CONTACT EMAIL: _____

PARTICIPANT'S: _____

DIRECTOR/ TEACHER/ AGE GROUP _____

DIRECTOR/ TEACHER/ AGE GROUP _____

DIRECTOR/ TEACHER/ AGE GROUP _____

DIRECTOR/ TEACHER/ AGE GROUP _____

DIRECTOR/ TEACHER/ AGE GROUP _____

DIRECTOR/TEACHER/AGE GROUP _____

TOTAL AMOUNT \$ _____

CHECK NUMBER: _____

MAKE CHECKS PAYABLE TO: **SOUTHEAST UNITY MINISTRIES, INC.**

Mail to: **Ytonna Dyess Finnegan**
Family & Uniteen Consultant
Southeast Unity Ministries, Inc.
PO Box 172
Lake Worth, Florida 33460
(561)379-8153 Ytonna@yahoo.com