



REGISTRATION FORM

Conference Dates: _____

Pastor's Name: _____

Title: _____

Church Name: _____

Church Address: _____

City: _____ **State:** _____ **Zip:** _____

Church Phone: _____

Pastor's Cell No. _____

Fax: _____

Pastor's Email: _____

Must have pastor and at least one key leader to attend.

Leader's Name: _____ **Title:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Email: _____

Please add a separate sheet to register more participants and include all the information requested above.

<p>PLEASE SUBMIT A \$25 PER PERSON NON-REFUNDABLE DEPOSIT WITH REGISTRATION. Make checks payable Briarwood and mail to address above.</p>
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SCHOLARSHIPS

Partial scholarships available to qualified applicants.

Please email us a scholarship application.

Denominational Affiliation: _____

Total Local Church Membership: _____

Total Adult professions of faith in last 5 years: _____