

REGULAR DELEGATES 2024 FILLABLE FORM

CHURCH NAME:

**** PLEASE TYPE ****

PRE-SESSION COMMITTEE REPRESENTATIVE:

Name	Tel #:
Street Address	
City, State, Zip:	
Email:	

CHAIRPERSON OF DELEGATION:

Name	Tel #:
Street Address	
City, State, Zip:	
Email:	

REGULAR DELEGATES:

MUST have an email address

1	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

2	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

3	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

4	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

5	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

6	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

7	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

8	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

9	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

10	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

11	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

12	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

13	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

14	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

15	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

16	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

17	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

18	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

19	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

20	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		



21	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

22	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

23	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

24	Name:	Tel #:
Street Address:		
City, State, Zip:		
Email:		

