

REGISTRATION FORM

LAY SCHOOL OF MINISTRY

NORTHWEST SYNOD OF WISCONSIN – ELCA

DATE _____ **CONGREGATION** _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE (HOME) _____ **(WORK)** _____

E-MAIL ADDRESS _____

MENTOR PASTOR'S E-MAIL ADDRESS _____

WHY DO YOU WISH TO PARTICIPATE IN THE LAY SCHOOL OF MINISTRY?

OVER

How do you live out your baptism in your home, congregation and community?

Meal Package: \$22 for Friday night dinner, Saturday breakfast and lunch _____

(X) to receive package

If you are a local student, would you be willing to house another student on Friday evening?

_____ Yes _____ No

Do you wish to be housed on Friday evening with a member of the local congregation?

_____ Yes _____ No

SIGNATURE OF PASTOR WHO HAS AGREED TO SERVE AS YOUR MENTOR:

Please make checks payable to Northwest Synod of Wisconsin and send them and the application to Howard and Bonnie Weber, 21401 78th St, Bloomer, WI 54724.