

REGISTRATION FORM
LAY SCHOOL OF MINISTRY
NORTHWEST SYNOD OF WISCONSIN – ELCA

DATE _____

NAME _____

ADDRESS _____

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

PHONE (HOME) _____ **(CELL)** _____

E-MAIL ADDRESS _____

CONGREGATION _____ **City** _____

MENTOR PASTOR _____

MENTOR PASTOR'S E-MAIL ADDRESS _____

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

HOW DO YOU LIVE OUT YOUR BAPTISM IN YOUR HOME, CONGREGATION AND COMMUNITY?

Please ask your home congregation if they can provide congregational support for your education. While the Lay School of Ministry program offers scholarship support to encourage participation, it also encourages congregations to support their participation.

Meal Package: \$24 for Friday night dinner, Saturday breakfast and lunch
_____ **(X)** to receive package

The LSM Board encourages participants to share meals with students from all three Lay School classes to share great ideas, and offers one package that includes all three meals for \$24.00. A variety of meal packages are available. See Vicki to explore your options!

If you are a local (Chippewa Valley area) student, would you be willing to house another student on Friday evening?

_____ Yes _____ No

If you are not local, do you wish to be housed on Friday evening with a member of a 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 **DIANE KAUFMANN, 5207 70th ST, CHIPPEWA FALLS, WI 54729***