

IMAGINE TOGETHER
CONGREGATIONAL TEAM REGISTRATION FORM
8:30 A.M. – 3:30 P.M.
LAY SCHOOL OF MINISTRY
SEPTEMBER 2013-MAY 2014
NORTHWEST SYNOD OF WISCONSIN – ELCA

CONGREGATION/CITY _____

TEAM MEMBER NAMES & E-MAIL ADDRESSES

1.

2.

3.

4.

5.

6.

TEAM LEADER INFORMATION: NAME _____

ADDRESS _____

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

PHONE _____

E-MAIL ADDRESS

Please make checks payable to Northwest Synod of Wisconsin (\$150.00). Send the check and registration form to: Howard and Bonnie Weber, 21401 78th Street, Bloomer, WI 54724.

Catered meal package for Saturday breakfast and lunch are available. Additional information at www.layschoolofministry.org