SAINT MICHAEL AND ALL ANGELS EPISCOPAL CHURCH

Pathways to Ministry

National High School Conference

REGISTRATION FORM

Name: Last _____ First _____ MI _____

Birth Date: Month _____ Day _____ Year _____ Male Female Age: _____ Grade: _____

Home Address: Street _____

City _____ State _____ Zip _____

Home Phone _____ E-mail _____

Home Church _____ Church Phone _____

Rector or Youth Group Director _____

PLEASE ADDRESS THE FOLLOWING

1. What do you hope to get out of this weekend event?

2. What activities or special interests are you involved in at your church, school, community?

3. Please attach a brief letter of recommendation from your Rector or Youth Director.

PLEASE COMPLETE MEDICAL RELEASE AND REGISTRATION FORMS AND MAIL WITH YOUR $60 REGISTRATION FEE TO:

Pathways to Ministry
Saint Michael and All Angels Episcopal Church
Post Office Box 12385
Dallas, TX 75225-0385

DEADLINE FOR REGISTRATION IS MARCH 20, 2005

For financial assistance with registration fee,
contact Todd Foster, Director Pathways to Ministry, tfoster@saintmichael.org.