



Red Bird Missionary Conference

Annual Conference Registration

Date: Saturday, August 21

Location: JOY Center

Name: _____

Address: _____

Email: _____ Phone: _____

Church: _____

(check one) Lay Delegate: ____ Alternate Lay Delegate: ____ Clergy: ____

Lunch will be provided at a cost of \$5.00 per person. Check one below.

Lunch: ____ (enclose \$5. Checks made to Red Bird Missionary
Conference)

No Lunch: ____

Please return registration form to Red Bird Missionary Conference, 54 Queendale Center, Beverly, KY 40913

