MARCH OF FAITH CONVOCATION 2022 CHURCH REGISTRATION

PASTOR NAME: _____ MINISTRY NAME: _____

CHURCH ADDRESS: _____

CITY: _____STATE: _____ ZIP: _____

MINISTRY CONTACT NAME: _____ PHONE#: _____

PLEASE LIST ALL AUTHORIZED MEMBERS ATTENDING:

NAME	AGE GROUP	T-SHIRT SIZE (FOR YOUTH NIGHT)