



SECOND EPISCOPAL DISTRICT OF THE AFRICAN METHODIST EPISCOPAL CHURCH

SUMMER SUMMIT 2018

JULY 16 - 19, 2018

PLANNING MEETING † CHRISTIAN EDUCATION CONGRESS † LEADERSHIP & MINISTERS' RETREAT

JAMES LEVERT DAVIS, SERVANT BISHOP † ARELIS BEEVERS DAVIS, WMS SUPERVISOR

REGISTRATION FORM

GENERAL INFORMATION

Full Name <i>(First & Last)</i> :		Age:	M / F	Presiding Elder † Clergy † Lay † Young Adult † Youth
Address <i>(City, St, Zip)</i> :				
Cell No:	Home No:	Email Address:		
Local Church:	Local Pastor:	PE District:		

PARENT/GUARDIAN MUST COMPLETE BEFORE REGISTRATION WILL BE ACCEPTED FOR YOUTH AGE 17 & UNDER

Full Name <i>(First & Last)</i> :		M / F	Parent † Guardian † Chaperone
Address <i>(City, St, Zip)</i> :			
Cell No:	Home No:	Email Address:	
Does your child have a developmental and/or physical challenge(s)? <i>(If Yes, please specify)</i>			

REGISTRATION † HOUSING † AND MEAL FEES

I AM REGISTERING FOR . . . PLEASE CHECK YOUR DESIRES (√)		COMMENTS
ADULT REGISTRATION FEE (18 YEARS & OLDER)	\$150.00	
YOUTH REGISTRATION FEE (17 YEARS & UNDER)	\$80.00	
HOUSING ON CAMPUS - <i>Double</i> (ALL AGES)	\$80.00	
HOUSING ON CAMPUS - <i>Single</i> (ALL AGES)	\$160.00	
MEALS ON CAMPUS - <i>3 Breakfast & 3 Lunches</i> (ALL AGES)	\$65.00	
I WILL NOT BE STAYING ON CAMPUS		
TOTAL FEES		

MAKE ALL CHECKS, MONEY ORDERS OR CASHIER CHECKS PAYABLE TO: SECOND EPISCOPAL DISTRICT **** (NO REFUNDS WILL BE GIVEN)**

MAIL ALL COMPLETED REGISTRATION FORMS TO:
 SECOND EPISCOPAL DISTRICT SUMMIT 2017
 P. O. BOX 34247
 WASHINGTON, DC 20043
 CONTACT NO: 202-842-3788 (Office)
 EMAIL: jld123bishop@yahoo.com

<u>2nd Episcopal District Office Use Only</u>	
Method of Payment: _____ Cash _____ Check (#) _____	
Amount Received: _____	
Date Received: _____ Date Postmarked: _____ Rec'd by: _____	
Comments: _____	