

REGISTRATION FORM FOR
Schools of Stewardship

Please complete and return this form by POSTAL MAIL to:
WELS Adult Discipleship
Attn: Faith Focused Finances
2929 N Mayfair Rd
Milwaukee, WI 53222

Registration is \$75 per congregation/key leader and \$15 per additional participant.

Date and Location of School of Stewardship Workshop _____

Full Name of Key Leader _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone _____

Church Name _____ City _____ State _____

Names of additional participants from congregation _____

Registration fee includes Schools of Stewardship materials for each participant and meal/snack.

Method of Payment (please check one):

- Check is enclosed and made out to WELS Adult Discipleship.
- Charge to Visa, Master Card, Discover or Amex credit card by including your information at the bottom of this form and mailing by USPO to the address above.

Billing Information :

- Same as above

Full Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Credit Card Information:

_____ Visa _____ Master Card _____ Discover _____ AMEX

Name on card _____

Account Number _____

Expiration Date _____ 3-4 Digit Verification Code (on back) _____