

**Atlantic District
CONGREGATIONAL CHECK UP
REGISTRATION**

Saturday, October 31, 2009
9am - noon
Village Lutheran Church, Bronxville, NY

Congregation/Town: _____

Pastor: _____

	<u>Participant</u>	<u>Area of Responsibility</u>	<u>Email</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

Please return with payment of \$20 for your delegation,
no later than October 23, 2009.

Make checks payable to
The Atlantic District
or

Circle credit card: Visa MC Amex Discover

Name _____ Number _____ Exp.Date _____

Fax to: 914.337.7471

Or mail to:

Atlantic District LCMS
171 White Plains Road
Bronxville, NY 10708