Adult ZOOM Registration 2024 Louisiana Conference UWF Mission u

	Please print					Office Use Only
Please check all that apply:						Date
□ Conference officer		District Officer		Local Officer		Ck#
☐ Unit/Circle Member		Clergy				Amt
☐ Mission Personnel		Deaconess		Rooming with Teen	/Youth	
				G		
Church:				_ District:		
Name:					□ Female	□ Male
					□ First-tim	er
A 1.1						
Address: Street or P.O. Box	Street or P.O. Box			 Dity	State	Zip Code
Tolophono Homo: ()			C	sile ()		
Telephone, Home: () Cell: ()						
Email (must be provided to participate in ZOOM):						
In case of emergency, contact: Name						
Telephone, Home: () Cell: ()						
You may register and pay online at uwfla.org Make check for \$10 (Registration fee), payable to: Louisiana Conference UWF						
Mail check and registration form to: Robin Jones, 390 Freeman Loop Robeline, LA 71469						
Phone: 318-228-3099 (Cell) Email: rjones1129@gmail.com						
Your registration will be confirmed along with further information either by email or letter.						