

COGBF Gainesville District Assembly

PRE-REGISTRATION FORM (Fee: \$10.00)

CHURCH: _____ PASTOR: _____

ADDRESS: _____ CONTACT PHONE: _____

CONTACT PERSON: _____ CONTACT EMAIL: _____

	NAME	QUANTITY	AMOUNT	TOTAL
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL				

REGISTRATION FEE MAY BE PAID ONLINE (Add the processing Fee)

www.gainesvilledistrictcogbf.org

When paying online please list Names and Church Location

REGISTRATION FEE MAY BE MAILED

Mail completed form with payment prior-to the given deadline

GAINESVILLE DISTRICT COGBF

Registration Committee, P.O. Box 5775, Gainesville, FL 32627