

PK'S OFFICIAL REGISTRATION FORM

International Association of Ministers' Wives and Ministers' Widows, Incorporated • Dr. Beverly Williams Glover, International President

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REGISTRATION INFORMATION: (Please print or type) (press firmly) Date _____

(Ages 5-15)

Date of Birth _____

Please submit by April 30

Please check if applicable: Young Adult (age not required) _____

The original intent of the PK Program was to provide an opportunity for young Ministers' Wives and Ministers' Widows to attend their classes. *This service is extended to grandparent wives and widows who are assuming the primary parenting role.*

Name _____ Phone _____

Address _____ E-mail _____

City _____ State _____ Zip _____

Mother's Name _____ Name of Mother's local Association _____

Church _____ Denomination (be specific) _____

Pastor's Name _____ Wife's Name _____

() Check here if this is the first INT'L AMWMW Convention you have attended. Convention City _____

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FEES

1. Registration \$50.00 _____

(Includes bus transportation to trips, convention supplies and materials)

DRESS CODE: no halter tops, no tank tops, no flip flops, no offensive attire.

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MAKE CHECKS PAYABLE TO: IAMWMW, Inc.

SEND ALL COPIES OF THE FORM AND PAYMENT TO:

Joan Hicks - 2787 S.W. Plass Avenue, Topeka, KS 66611

Copies: White: Financial Secretary | Canary: International President

Pink: Secretary/Treasurer

On Site Registration Cash or Money Order Only-NO CHECKS

INT'L AMWMW OFFICE USE ONLY

Date Received _____ Total \$ _____

Method of Payment: Cash _____ Credit Card _____ Visa MC

Check Personal # _____ Assn# _____ Money Order# _____

Receipt # _____