

Apostolic Bible Students Association of Indiana, Inc.

4th Episcopal District - Pentecostal Assemblies of the World, Inc.

Bishop Charles A. Sims, Diocesan — Suffragan Bishop Donsero Reynolds, Council Chairman

Spring Virtual Council _____ Summer Virtual Council _____ Fall Virtual Council X

YOUTH REGISTRATION INFORMATION FORM – PLEASE PRINT

Church Name _____ Your Pastor _____

Street Address _____ City _____ State _____ Zip _____

Church E-mail/Website Address _____

Council & Auxiliary Fees

(Circle No. of desired Auxiliary)	# of Children Ages 4-12 Years \$0.50	# of Children Ages 13-17 Years 1.50	Child's Name & Age
1. A.B.S.A. Council	_____ x .50 = \$_____	_____ x 1.50 = \$_____	1.
2. Men's Ministry	_____ x .50 = \$_____	_____ x 1.50 = \$_____	2.
3. Single's Ministry	_____ x .50 = \$_____	_____ x 1.50 = \$_____	3.
4. Missionary & Christian Women	_____ x .50 = \$_____	_____ x 1.50 = \$_____	4.
5. Ministers' Wives & Ministers' Widows	_____ x .50 = \$_____	_____ x 1.50 = \$_____	5.
6. Christian Education Department	_____ x .50 = \$_____	_____ x 1.50 = \$_____	6.
7. Indiana State Pentecostal Young People	_____ x .50 = \$_____	_____ x 1.50 = \$_____	7.
8. Indiana State Ushers	_____ x .50 = \$_____	_____ x 1.50 = \$_____	8.
9. Indiana Health Professionals	_____ x .50 = \$_____	_____ x 1.50 = \$_____	9.
10. Deaf Ministry	_____ x .50 = \$_____	_____ x 1.50 = \$_____	10.
11. Home Missions	_____ x .50 = \$_____	_____ x 1.50 = \$_____	11.
GRAND TOTAL	\$ _____	\$ _____	Total Paid \$ _____

Office Use Only **** Payment Information

A.B.S.A. FALL VIRTUAL COUNCIL ~ NOVEMBER 10 – 14, 2020

REGISTER ONLINE @ www.absacouncil.org

Received By _____ **Date Received** _____ **Cash** _____ **Check No.** _____ **Money Order** _____