

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

Date _____ Annual Session _____ Summer Session _____ Fall Session X

YOUTH PRE - 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	_____ x \$.50 = \$_____	_____ x 1.50 = \$_____	Total Paid \$_____

Office Use Only ** Payment Information**

Received By _____ Date Received _____ Cash _____ Check No. _____ Credit/Debit Card _____

PLEASE NOTE DEADLINE: MUST BE RECEIVED BY OCTOBER 13, 2018 – PLEASE MAIL TO:
ABSA SECRETARY / 430 W. FALL CREEK PKWY. N. DR./INDIANAPOLIS, IN 46208 / REGISTER ONLINE @ www.absacouncil.org