



**NATIONAL WOMEN'S CORPS
Minister's and Laymen's Seminar
Church of Christ (Hol.) U.S.A.**

REGISTRATION

Name: _____

Street Address/Apt. #: _____

City/State/Zip _____

Phone/Cell #: _____

Email Address: _____

Local Church: _____

Pastor's Name; _____

Enclosed is my **\$100 Registration Fee** made payable to: **National Women's Corps.**
(\$40 per day: Name the day (s): _____

Please return this Registration Form to:

**Cherrita Speech
National Women's Corps
230 Tudor Circle
Brandon, MS 39042**

This Registration Form May Be Duplicated