



Florida General Baptist Convention, Inc
Rev. Dr. James B. Sampson, President

OFFICIAL PARENT BODY REGISTRATION

Date: _____

Session: _____ Location of Session: _____

Because this form is used for multiple types of payment, please list the name of each person for which you are paying. Also, indicate what the payment is for next to the name.

1. _____ 2. _____
 3. _____ 4. _____

Note:
ALL Pastors/Associates/Ministers
 must *personally* register.

Personal Pre-Registration: \$40.00
(Pre-Registration Deadline March 9, 2012)

Personal On-Site Registration: \$50.00

Designated For:

Description	Ck#	Amt.	Description	Ck#	Amt.	Description	Ck#	Amt.
Pwr 20 Church		\$	FL Meml Univ		\$	Solidarity		\$
Pwr 20 Pastor		\$	Foreign Mission		\$	Ushers		\$
Association		\$	Home Mission		\$	Virgin Island		\$
Moderator		\$	Hospitality		\$	Wellness		\$
1st Vice Mod		\$	Late Night		\$	Young Pastors		\$
2nd Vice Mod		\$	Public Offering		\$	Other		\$
3 rd Vice Mod		\$	Retreat Site		\$			\$
Disaster Relief		\$	Scholarship		\$			\$

CHECK(S) = \$ _____ CASH = \$ _____ TOTAL = \$ _____

Pastor's Name: _____ Phone: () _____
 Church Name: _____ Phone: () _____
 Church Address: _____ Email: _____
 City: _____ Zip: _____
 Pastor's Address: _____ Email: _____
 City: _____ Zip: _____
 Association: _____ Moderator's Name: _____

(FGBCI Office Use Only)

Received By: _____ Check # _____ Amount: \$ _____ Cash: \$ _____ Total: \$ _____

White Copy - Hdqtrs. Office

Yellow Copy - Receipt

(Revised 1/12)