



**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

Personal On-Site Registration: \$50.00

**Designated For:**

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

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)*

Finance Staff Signature: \_\_\_\_\_ Check No. \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Cash: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

White Copy - Hdqtrs. Office

Yellow Copy - Receipt

(Revised 12/10)

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