



**CONGRESS OF CHRISTIAN EDUCATION**  
 Auxiliary to the Florida General Baptist Convention, Inc.  
 Rev. Dr. C. P. Preston, Jr., Convention President  
 Rev. Jeffrey L. Mack, Congress President

**OFFICIAL REGISTRATION FORM**  
 P. O. Box 11706 \* Daytona Beach, FL 32120

Date: \_\_\_\_\_, 20\_\_\_\_

The \_\_\_\_\_ Baptist Church Association \_\_\_\_\_  
 Church Address \_\_\_\_\_ The District Congress of \_\_\_\_\_ Association  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Congress Address \_\_\_\_\_  
 Church Phone: Area Code ( ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Send greetings and the following delegates to the Send greetings and the following delegates to the  
 Congress held in \_\_\_\_\_ Congress held in \_\_\_\_\_

*(Delegates are eligible to take a morning course, and participate in an afternoon workshop related to the course or any special project for which they are qualified.)*

NAME OF DELEGATES List Titles (Rev., Dr., Mrs., Miss.)	ADDRESS City / State / Zip Code	COURSE NO. DESIRED
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**CONGRESS ENROLLMENT (See Enclosed Registration Fee Form) \$ \_\_\_\_\_**

Florida Memorial College \$ \_\_\_\_\_ Foreign Mission \$ \_\_\_\_\_ Ministers Division \$ \_\_\_\_\_  
 Virgin Island Missions \$ \_\_\_\_\_ Family Life Retreat \$ \_\_\_\_\_ Minister's Wives \$ \_\_\_\_\_  
 Children/Youth Rally Enrollmt (\$7) \$ \_\_\_\_\_ Pageant Tickets (\$10) \$ \_\_\_\_\_ Scholarship Luncheon \$ \_\_\_\_\_

Tee Shirts # \_\_\_\_\_ Size \_\_\_\_\_ Tee Shirts # \_\_\_\_\_ Size \_\_\_\_\_ Other Size \_\_\_\_\_ **Total Tee Shirts # \_\_\_\_\_ (\$10) \$ \_\_\_\_\_**

**TOTAL AMOUNT PAID \$ \_\_\_\_\_**

\*\*\*\*\*  
 Total number enrolled in your: Pastor \_\_\_\_\_  
 Sunday School \_\_\_\_\_ BTU/NBC \_\_\_\_\_ Address \_\_\_\_\_  
 Superintendent \_\_\_\_\_ President \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 Director \_\_\_\_\_ Dean \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 \*\*\*\*\*

*(FGBCI Office Use Only)*

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

White Copy - Hdqtrs. Office      Yellow Copy - Congress Registrar      Pink Copy Receipt      *(Revised 5/18)*