

Missional Worker Training Registration Form
Texas District LCMS

I will be attending the following training session:

- Saturday, April 24, 2010 – Brownsville, TX;** El Calvario Lutheran Church, 1157 E Monroe St., 78520 (checks payable to: Texas District LCMS)
- Saturday, May 15, 2010 – San Antonio, TX;** Christ Our Savior Lutheran Church, 5323 Blanco Road, 78216 (checks payable to: LINC San Antonio)

(The Saturday seminar is from 8:30 a.m. to 3:30 p.m.)

Name _____

Address _____

Cell Phone _____ Home Phone _____

E-mail _____

Church Home _____

Church Home Address _____

1. Describe how and when you became a Christian:

2. Why do you desire Missional Worker Training?

3. Describe the people you will be reaching through your ministry:

4. Describe the ministry you will be doing:

5. Please provide two references:

Name_____

Address_____

Day Phone_____ Night Phone_____

E-mail_____

Relationship to you_____

How long has this person known you?_____

Name_____

Address_____

Day Phone_____ Night Phone_____

E-mail_____

Relationship to you_____

How long has this person known you?_____

Date of your registration_____

Thank you for registering for Missional Worker Training!

Please bring a Bible if you have one and your background check authorization.