



GENERAL MISSIONARY BAPTIST CONVENTION OF GEORGIA, INC.
P. O. Box 92340 ■ Atlanta, GA 30314

YOUTH USHER REGISTRATION FORM

District _____ Date: _____
 Receipt #: _____

Church Name: _____

Church Address: _____

Church Mailing Address: _____

City: _____ State: _____ Zip: _____

Church Phone: () _____ Church Fax: () _____

Church E-mail: _____

Pastor's Name: _____

Church Registration: \$100.00 (Includes 6 - Messengers)

(All over 6 church messengers - \$20.00 per person)

Individual Registration: \$20.00

PLEASE PRINT

Circle 1: FULL NAME	<u>YOUTH ONLY</u>		
Youth/Adult _____	1st Year _____	2nd Year _____	3rd Year & Above _____
Youth/Adult _____	1st Year _____	2nd Year _____	3rd Year & Above _____
Youth/Adult _____	1st Year _____	2nd Year _____	3rd Year & Above _____
Youth/Adult _____	1st Year _____	2nd Year _____	3rd Year & Above _____
Youth/Adult _____	1st Year _____	2nd Year _____	3rd Year & Above _____
Youth/Adult _____	1st Year _____	2nd Year _____	3rd Year & Above _____
Youth/Adult _____	1st Year _____	2nd Year _____	3rd Year & Above _____
Youth/Adult _____	1st Year _____	2nd Year _____	3rd Year & Above _____
Youth/Adult _____	1st Year _____	2nd Year _____	3rd Year & Above _____
Youth/Adult _____	1st Year _____	2nd Year _____	3rd Year & Above _____

Church Registration \$ _____

Individual Registration \$ _____

Total Registration \$ _____

Method of Payment: _____ Check # _____ Cash (On-site only - Do not mail cash)

OFFICIAL USE ONLY:

Received By: _____ Date: _____