

INTERSTATE BAPTIST ASSOCIATION VBS TRAINING
VBS Training Registration

Please list contact person on line one if registering more than one individual

Event Date: _____ AMOUNT ENCLOSED FOR LUNCH, IF LUNCH IS OFFERED (\$5 EACH): _____

Church Name: _____ Church City & State: _____

	NAME	MINISTRY ROLE	CONFERENCE ATTENDING	EMAIL ADDRESS
1				
2				
3				
4				
5				

Please return to IBA
PO Box 19960, Portland, OR 97280
ibakidsmin@gmail.com