

Rev. Deidre E. Hines and Jacqueline Mitchell Robinson Co- Commissioners

REGISTRATION FORM

Last Name:	First Name:		Middle Name:	
Address:	City:	Sta	te:Zip Code	:
Birthdate:	Phone No	E	mail	☐ Male - ☐ Female
Circle highest level of education:	:			
College/Vocation	High School	Middle School	Elementary School	ol
CHECK ONE: Registration Fed	e Checks made payab	le to 4th Episcopal	District, write CDMC in	memo section
JUNIORS SU AGES 9-12. \$25		MASTERS	DEBUTANTES/SM. AGES. 17-22. \$50	
Church Name:	F	Phone No.:	Email:	
Address:		City:	Stat	e:
Conference (circle or	ne) Canada C	Chicago Illinois	Indiana Michig	gan
Presiding Elder :			District:	
APPROVAL SIGNATURES:				
PASTOR:		/		
PRINT		Signature		
PARENT (S):		/		
PRINT		Signature		

Conference Directors Contact: Return registration documentation and fee to your conference director.

Canada: Loy Pinnock Brown -1304 Cornell Crt. Pickering, Ontario L1x2pl <u>dabrowns70@hotmail.com</u> 647.409.7702

Chicago: June Conner 7157 S. Greenwood Ave. Chicago, IL 60619 <u>juneconner25@yahoo.com</u> 773.578.6060 Indiana: Kiahna Davis. 14460 New Garden Line Caramel, IL 46033. <u>kiahna.davis@gmail.com</u> 317.331.5301

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