

WI District Conference Aspiring Minister Permission Form

I am giving permission for the following person to attend the entire WI District Conference:

Last Name of Aspiring Minister Attending _____

First Name of Aspiring Minister Attending _____

First Name of Spouse Attending: _____

First Name of Children Attending: _____

Email _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Home Church _____

Pastor's Name (printed) _____

Pastor's Signature _____ Date _____

PLEASE RETURN THIS FORM TO widistrictsec2sec@gmail.com

OR MAIL TO:

WI DISTRICT UPCI
P.O. BOX 670
REEDSBURG, WI 53959