



Vital Congregations Interest Session

Please select the session you wish to attend.

Thursday, October 7th 10 a.m. _____

Monday, October 11th 6 p.m. _____

Name: _____

Church: _____

E-mail address: _____

(For the Zoom meeting Link)

Phone: _____

(In case we need to reach you)

I am: ___ the pastor

___ an elder

___ a deacon

___ a member

Please return this completed form to: psanders@trinity-presbytery.org