

PK'S OFFICIAL REGISTRATION FORM

International Association of Ministers' Wives and Ministers' Widows, Incorporated • Dr. Margaret Brown Payton, International President

1 **REGISTRATION INFORMATION:** (Please print or type) (press firmly) Date _____
 (Ages 5-15) Date of Birth _____
Please submit by April 30 Please check if applicable: Young Adult (age not required) _____
 The original intent of the PK Program was to provide an opportunity for young Ministers' Wives and Ministers' Widows to attend their classes. *This service is extended to grandparent wives and widows who are assuming the primary parenting role.*
 Name _____ Phone _____
 Address _____ E-mail _____
 City _____ State _____ Zip _____
 Mother's Name _____ Name of Mother's local Association _____
 Church _____ Denomination (be specific) _____
 Pastor's Name _____ Wife's Name _____
 () Check here if this is the first INT'L AMWMW Convention you have attended. Convention City _____

2 **FEES**

1. Registration \$50.00 _____
 (Includes bus transportation to trips, convention supplies and materials)
DRESS CODE: no halter tops, no tank tops, no flip flops, no offensive attire.

3 **MAKE MONEY ORDERS/ORGANIZATION CHECKS PAYABLE TO: IAMWMW**
 SEND ALL COPIES OF THE FORM OF PAYMENT TO
 Mrs. Loretta H. Dennis
 3925 River Bluffs Pl.
 Richmond, VA 23223

On Site Registration Cash or Money Order Only-NO CHECKS

INT'L AMWMW OFFICE USE ONLY

Date Received _____ Total \$ _____
 Method of Payment: Cash _____ Credit Card _____ Visa MC
 Check Personal # _____ Assn# _____ Money Order# _____
 Receipt # _____

Revised 12/2015