

Youth/Teen Group Registration Form

Name of church: _____

Address of church: _____

Phone number of church: _____

Email of church: _____

YOUth in mission advisor: _____

Advisor phone number: _____

Advisor email: _____

General objectives or plans for the group: _____

Signature of Pastor: _____

Date: _____

Please submit form to your LWML District President and send a copy to
VPSFM@lwml.org so that we can stay in touch.



lwml **YOUTH**
in mission