



Registration Form for VIM Training

Date/Location of training you will be attending:

- Name _____
- Address _____
- Phone: _____ Email _____
- Church _____ District _____
- Cost \$20.00
 - *Make checks payable to "SUSUMC"*
- Names of additional persons attending:
 - (\$20) _____
 - (\$20) _____
 - \$20 x ___ for Printed Manual
- Total Enclosed _____

Mail completed registration form with check to:

Curt Knouse
C/O Grace UMC
101 Logan Street
Lewistown, PA 17044
cknouse@susumc.org