Delegate Reporting Form

Lay Delegate

Name_____

Address _____

Phone _____

E-mail _____

Send workbook (Check One) ____ Hard Copy
____ Electronically (must provide e-mail)

Alternate Lay Delegate

Name_____

Address _____

Phone _____

E-mail _____

Send workbook (Check One) ____ Hard Copy
____ Electronically (must provide e-mail)

Pastoral Delegate

Name_____

Address _____

Phone _____

E-mail _____

Send workbook (Check One) ____ Hard Copy
____ Electronically (must provide e-mail)

Alternate Pastoral Delegate (if one)

Name_____

Address _____

Phone _____

E-mail _____

Send workbook (Check One) ____ Hard Copy
____ Electronically (must provide e-mail)

Congregation President _____

Signature Name printed

Congregation Secretary _____

Signature Name printed

Send to: jon@lcmside.org or Jon Kohlmeier – Delegates
1100 Blairs Ferry Rd., Marion, IA. 52302-3093