

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: christina@lcmSIDE.org **OR mail to:** Christina White – Delegates
Iowa District East LCMS, 1100 BLAIRS FERRY RD, MARION IA 52302-3093