

Association Training Team Registration

Association: _____ **VBS Contact/VBS Director** _____

Contact's _____

Contact's Phone: _____ **Contact's Email:** _____

Our team will be attending: **Feb. 23 SOUTH** New Hope Community Church, El Monte **(Registration due on or before Feb. 21)**
 Mar. 1 NORTH TBA (Sacramento Area) **(Registration due on or before Feb. 28)**

Please list the persons attending the State VBS Clinic from your association ... Spanish form on page 2.

Conference	Leader's Name	Address, City, Zip	Phone	Email
Preschool Leaders				
Children Leaders				
VBX				
Student Leaders				
Adult Leaders				
VBS Directors				
Music Leaders				
Club VBS Leaders				

Return at no later than the Wednesday prior to clinic you are attending:

Please forward this registration information to Debbie Campbell, 678 East Shaw Avenue, Fresno, CA 93710, Fax (559) 229-2824, call (559) 229-9533, ext. 235, email dcampbell@csbc.com (Registration could be an email message with information from the forms above or an email of the Word file once you have completed the form).

Spanish form on Page 2

Inscripción para la Clínica Estatal de la EBV Conferencias en Español
 State VBS Clinic Registration for Spanish Conferences

Conferencia Conference	Nombre del Líder Leader's Name	Dirección, Ciudad, Zona Postal Address, City, Zip	Teléfono Phone	Correo electrónico Email

Association Form

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