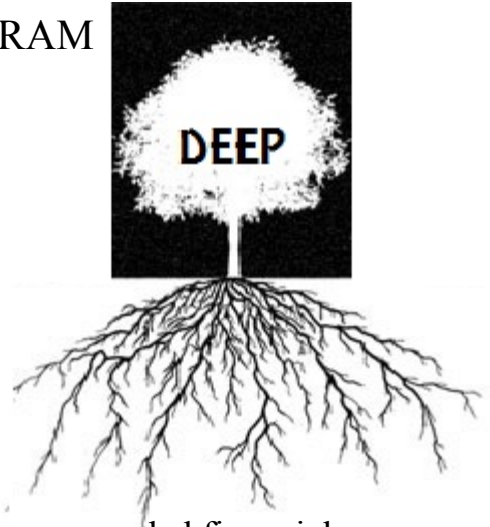


Community of Christ

DISCIPLES EVENT EMPOWERMENT PROGRAM

Event:
Date:
Name:
Address:
Congregation:
Phone:
Email:



This program is to assist in event participation. The recommended financial responsibility is 1/3 participant, 1/3 congregation, 1/3 mission center. To complete this application, the participant must acquire the pastor's signature. If there is no pastor, contact the registrar.

Due from Participant* (1/3):
Due from Congregation (1/3):
Due from Mission Center (1/3):
Total (should balance to the cost of the event):

*If the participant is unable to fund any amount of the event, the pastor has the alternative to waive all fees. The congregation will absorb more of the cost if this alternative is chosen.

SIGNATURES ARE REQUIRED

	Print Name	Signature
Participant		
Pastor		
Mission Center		