

**Spark of Grace
Training Seminar Registration**



Please Print and Mail To:

**Spark of Grace Ministries
703 Oak Hill Ave, Ste 200
Hagerstown MD 27140**

Please Send completed form and payment to SGM no later than **10 days** before Training Seminar

Desired Training Location _____ Date: _____

Church Name: _____

Pastor's Name: _____ Additional Attendees: _____

Title: _____

Church Address: _____

Church Phone: _____ Cell: _____

Email: _____ Website: _____

Secretary: _____

Registration Payment

First Attendee: \$40.00

Each Additional Attendee: \$15.00

Please include payment via check or credit card with this form.

Send To:

Spark of Grace Ministries
703 Oak Hill Ave, Ste 200
Hagerstown, MD 27140

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____ (3 digit # on back)

Fax to Spark of Grace if paying via credit card – 301-671-2129

Church Information

Avg. Worshippers each Sunday: _____ Do you currently have a Discipleship Class? _____

If so, how many attend on an average week? _____

Do you currently have visitation teams? _____ If so, how many teams? _____

Other Pastoral Staff:

Assistant Pastor: _____

Youth Pastor: _____

Music Pastor: _____

Bus Pastor: _____