



**SALEM BAPTIST DISTRICT ASSOCIATION, INC.
SPECIAL EVEN REGISTRATION FORM**

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACT PHONE NO. _____

CONTACT E-MAIL _____

CHURCH NAME _____

CHURCH ADDRESS _____

CITY, STATE, ZIP _____

PASTOR'S NAME _____

REGISTRATION FOR: _____

AMOUNT PAID: _____

OTHER COMMENTS: _____
