

# Lay Worship Leader Training

## Registration Form

Name \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

email address \_\_\_\_\_

- I am registering as an individual (\$50).
- I am registering my worship team (up to 7 people--\$250).
  - Provide worship team names \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please make checks payable to **Arlington Baptist University**. Send to:  
Robert Leatherwood  
%Arlington Baptist University  
3001 W Division  
Arlington, TX 76012

\*Please print form, fill in information and send with payment to address above.