



PK'S OFFICIAL REGISTRATION FORM

International Association of Ministers' Wives and Ministers' Widows, Incorporated

Elder Dr. Vernita Josey, International President

1 REGISTRATION INFORMATION (Please print legibly or type) Date _____

Please submit by April 30 **(Ages 5-15)** Date of Birth _____

The original intent of the PK Program was to provide an opportunity for young Ministers' Wives and Ministers' Widow to attend their classes. This service is extended to grandparent wives and widows who are assuming the primary parenting role.

Name _____ Phone _____
Address _____ Email _____
City _____ State _____ Zip Code _____
Mother's Name _____ Name of Mother's Local Association _____
Church _____ Denomination (Be specific) _____
Pastor's Name _____ Pastor's Wife Name _____
() Check here if this is the first IAMWMW Convention you have attended. Convention City _____

2 FEES

1. PK Registration \$ **75.00**

DRESS CODE: no halter tops, no tank tops, no flip flops, no offensive attire

3 MAKE ALL FORMS OF PAYMENT PAYABLE TO IAMWMW, INC. **IAMWMW OFFICE USE ONLY**

<p>SEND CONVENTION REGISTRATION FORM AND PAYMENT TO Dr. Loretta H. Dennis 3925 River Bluffs Place Richmond, VA 23223</p> <p style="text-align: center;">NO PERSONAL CHECKS</p> <p>On Site Registration: Cash/Credit Card/Money Order/ Organizational Check /Cashier Check</p>	<p>Date Received _____ Total \$ _____ Method of Payment: Cash _____ Credit Card _____ Money Order # _____ Organization Check # _____ Cashier Check # _____ Receipt # _____</p>
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