



# PK'S OFFICIAL REGISTRATION FORM

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

Dr. Margaret Brown Payton, International President

## 1 REGISTRATION INFORMATION (Please print legibly or type)

(Ages 5-15)

Please submit by April 30

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.

Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Please check if applicable: Young Adult (age not required) \_\_\_\_\_

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 ..... \$ 60.00 \_\_\_\_\_

(Includes bus transportation to trips, convention supplies and materials)

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

## 4

### FORMS OF PAYMENT ACCEPTED (MAIL-IN OR ON-SITE)

### IAMWMW OFFICE USE ONLY

ORGANIZATIONAL CHECK, CASHIER'S CHECK, MONEY ORDER

CASH (On-Site Only)

PAYABLE TO: IAMWMW

SEND TO: Dr. Loretta H. Dennis

3925 River Bluffs Place

Richmond, VA 23223

**NO PERSONAL CHECKS**

Date Received \_\_\_\_\_ Total \$ \_\_\_\_\_

Method of Payment: Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

Money Order # \_\_\_\_\_ Organization Check # \_\_\_\_\_

Cashier Check # \_\_\_\_\_

Receipt # \_\_\_\_\_