



EVENT REGISTRATION

For a Ministry Related Event Taking Place
Somewhere Other Than The NWC Campus

Today's Date: _____

Ministry Leader

Name: _____

Address: _____

Phone: (Home) _____ (Work) _____

Information Regarding the Event

Name of Ministry: _____

Day and Date of Event: _____

Event Description: _____

Beginning Time: _____ AM/PM Ending Time: _____ AM/PM

Where will Event Take Place? _____