



The Heart of Your Community!  
Pastors and Leaders School



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Church Name \_\_\_\_\_

Registration  **Single Person** \$50 per person

**Church Group** \$40 per individual for church groups of 2 or more

Form of Payment

Cash \$ \_\_\_\_\_

Check # \_\_\_\_\_ (Please make check payable to New Life include JumpStart Pastor School in the memo line.)

Comment/Note:

\_\_\_\_\_  
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