

DISTRICT COUNCIL 2020 ONE DAY EVENT



September 1, 2020

Trinity Church
1501 Hallbrook Dr.
Columbia

CHILDCARE PROVIDED DURING
SCHEDULED MEETING TIMES
BIRTH THROUGH AGE 5 FOR
THOSE PRE REGISTERED BY
August 1

Mail registration form and
payment to:
South Carolina
Assemblies of God
101 Medical Circle, Suite B
W. Columbia, SC, 29169

Online registration available
www.ag4sc.com

Due to the abbreviated
schedule, exhibitor space will
not be available.

On Time Registration received by August 1 \$50.00 event fee per person _____
Includes Mission's Luncheon

Late Registration received after August 1 \$65.00 event fee per person _____
Includes Mission's Luncheon

All persons attending must register Total \$ _____

****PLEASE COMPLETE A REGISTRATION FORM FOR EACH REGISTERING COUPLE****

REGISTRANT: _____ SPOUSE: _____

I AM REGISTERING AS:

() Ordained () Missionary
() Licensed () Delegate **
() Certified Minister () Attendee

MY SPOUSE IS REGISTERING AS:

() Ordained () Missionary
() Licensed () Delegate **
() Certified Minister () Attendee

****Church delegates - your registration must include a letter of certification signed by the church board or governing committee which certifies you as a voting delegate**

ADDRESS: _____

PHONE: _____

EMAIL: _____

CHURCH: _____ CHURCH CITY: _____

CHILDREN NAMES/AGES (birth to age 5): _____

FORM OF PAYMENT: CREDIT CARD CHECK ENCLOSED: \$ _____
(CREDIT CARD PAYMENTS INCUR A 3% SERVICE FEE)

CREDIT CARD # _____ CVV Code _____

EXPIRES ____/____ VISA MASTER CARD

Permission to charge my credit card for the
amount indicated above + 3% service fee

_____ signature

DISTRICT COUNCIL 2020 ONE DAY EVENT

Tuesday, September 1

8:30 - Check In/Onsite Registration Opens

9:20 - Registration Closes

All who are participating in the Business Session must be registered by 9:20

9:30 - Opening Service, Bob Sandler
Ordination

11:50 - Missions Luncheon & Commissioning of New Missionaries

1:30 - Memorials & Communion

1:50 - Business Session

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CERTIFICATION FOR DELEGATE

Please print clearly:

Church Name/City: _____

Lead Pastor: _____

One delegate from each assembly is permitted. Each assembly having in excess of fifty (50) members shall be allowed two delegates in Sectional Council and District Council business sessions.

Note: Delegate **MUST REGISTER** for the District Council event

This is to certify that the individual appointed to serve as the official delegate for the above-named church at the 2020 SCAG District Council is:

Delegate Name: _____

Lead Pastor Signature: _____

Date: _____

Please complete and return to
SCAG
101 Medical Cir, Ste B
W. Columbia, SC 29169

Include registration form/fee
or
Register delegate (s) online at www.ag4sc.com