

NELS ATTENDEE APPLICATION

To be filled out by each attendee and submitted by church/congregation.

Name:

Address:

City: _____ **State/Province:** _____ **Zip:**

Email:

Day Phone:

Evening Phone:

Gender (for assignment purposes)

Female **Male** **Transgender**

Emergency Contact:

Emergency Contact Phone:

Enrollment requires the sponsorship of your church/congregation. Please submit this application to your Minister, President or Board Chair. That person must also write a letter of reference for you. Please also include a brief letter describing two reasons you would like to attend **NELS** and how you see yourself participating within your congregation or district in the future.

Sponsoring Congregation:

Contact Name:

Address:

City: _____ **State/Province:** _____ **Zip:** _____

Email: _____

Phone: _____

letter of reference from minister or board included

personal statement included

Individual Tuition

Early Registration received by April 1 = \$625

or

\$695 per person

Please Note: This form along with payment must be submitted with church/congregational application.