

Congregational Assistant Program
Seminar Request Form

TOPIC

1 st choice:		2nd choice:	
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DATE

1 st choice:	Alternate(s):
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TIME

Please select one: <input type="checkbox"/> 8:00 am – 3:00 pm or <input type="checkbox"/> 9:00 am – 4:00 pm
<i>Note: Time frame includes a brief morning & afternoon break (usually about 10 minutes), and a 45 minute lunch break.</i>

LOCATION

Church:	
Address:	

CONTACT

Name & Title			
Phone:		Email:	

DETAILS:

Lunch Plans	
Childcare Available?	Yes _____ No _____
Any Other Notes:	

COOPERATING CONGREGATION (optional)

Church:		Pastor:	
Church:		Pastor:	

Please return the completed form to:

By Mail

Congregational Assistant Program
 1995 Luther Court
 New Ulm, MN 56073

By Email

cap@mlc-wels.edu