

# Central Bay District Leadership Training

A minimum of 10 contact hours are required to complete this course

Name \_\_\_\_\_

Title of class being taken \_\_\_\_\_

## I. REGISTRATION INFORMATION

I am an active member of \_\_\_\_\_ United Methodist Church

I understand this will not guarantee a chance to preach, but it will require that I take on leadership roles in my church.

I will actively participate in the learning sessions.

---

Signature

Home address \_\_\_\_\_

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

Phone \_\_\_\_\_

Preferred email address \_\_\_\_\_

## II. CONGREGATIONAL SUPPORT

The Church Leadership Board has discussed this and we agree to nurture the spiritual growth of this person

And to provide opportunities appropriate to their abilities and availability.

---

Chairperson Signature

---

Date

## III. PASTOR SUPPORT

I have discussed with this person their leadership potential and expectations and recognize that completion of this course is worthy of recognition before the congregation.

Please print:

---

Pastor name

---

Signature

---

Date

To register for class: email Janice Buckley at: [buckley7878@charter.net](mailto:buckley7878@charter.net)