

Pathways to WHoly Living
2010 Congregational Health Ministry Recognition Award
Western Pennsylvania United Methodist Conference

Registration Form

Name: _____ **Position:** _____

Address: _____

Phone: (H) _____ **(Cell)** _____

E-mail address: _____

List other Team Members:

Have you or other team members taken any Parish Nurse of Health Ministry Courses? If so, through whom?

Please list the various health ministry activities you have/are involved in. (Use the back of this sheet if necessary).

Church's Name: _____ **District:** _____

Address: _____

Phone: _____

Pastor's Name _____

THANK YOU!