

Smoky Mountain
SENIOR FRIENDS
Retreat at Gatlinburg, Tennessee

REGISTRATION

Please print

Personal information:

Title: Dr. Mr. Mrs. Miss

First name: _____ Last name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email address: _____

Mobile: () _____

Church information:

Name of home church: _____

Church address: _____

City: _____ State: _____ Zip: _____

Pastor: _____ Website: _____

Church phone: () _____ Email address: _____

I am a(n):

- | | | |
|---|---|--|
| <input type="checkbox"/> Pastor | <input type="checkbox"/> Evangelist | <input type="checkbox"/> Children's worker |
| <input type="checkbox"/> Pastor's wife | <input type="checkbox"/> Music director | <input type="checkbox"/> Deaf worker |
| <input type="checkbox"/> Assistant pastor | <input type="checkbox"/> School teacher | <input type="checkbox"/> Spanish ministry worker |
| <input type="checkbox"/> Staff wife | <input type="checkbox"/> Sunday School teacher/worker | <input type="checkbox"/> Camp director |
| <input type="checkbox"/> Deacon | <input type="checkbox"/> Youth worker | <input type="checkbox"/> Christian worker |
| <input type="checkbox"/> Missionary | <input type="checkbox"/> Principal | |
| <input type="checkbox"/> Other _____ | | |

I am interested in resources for:

- | | | |
|---|--|---|
| <input type="checkbox"/> Sunday School/Bible teaching | <input type="checkbox"/> Youth Ministry | <input type="checkbox"/> International Ministry |
| <input type="checkbox"/> Bible Preaching | <input type="checkbox"/> College-age/Singles' Ministry | <input type="checkbox"/> Deaf Ministry |
| <input type="checkbox"/> World Evangelism | <input type="checkbox"/> Men's Ministry | <input type="checkbox"/> Spanish-speaking Ministry |
| <input type="checkbox"/> Bus Ministry | <input type="checkbox"/> Ladies' Ministry | <input type="checkbox"/> Christian school/Home school |
| <input type="checkbox"/> Music Ministry | <input type="checkbox"/> Senior Saints Ministry | <input type="checkbox"/> Camp Ministry |
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> School Bible Clubs | <input type="checkbox"/> Military Ministry |
| <input type="checkbox"/> Other _____ | | |

I have a burden that people be reached with the gospel in:

- | Continent | Specific people group or area |
|---|-------------------------------|
| <input type="checkbox"/> Africa | _____ |
| <input type="checkbox"/> Asia | _____ |
| <input type="checkbox"/> Europe | _____ |
| <input type="checkbox"/> Oceania & Islands of the Sea | _____ |
| <input type="checkbox"/> North America | _____ |
| <input type="checkbox"/> South America | _____ |

Please mail this form to:
 Senior Friends Retreat
 Post Office Box 704
 Powell, TN 37849