

# 2020 WI District Conference Aspiring Minister Permission Form

I am giving permission for the following person to attend the entire WI District Conference:

Last Name of Aspiring Minister Attending \_\_\_\_\_

First Name of Aspiring Minister Attending \_\_\_\_\_

First Name of Spouse Attending: \_\_\_\_\_

First Name of Children Atending: \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Home Church \_\_\_\_\_

Pastor's Name (printed) \_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE RETURN THIS FORM TO [widistrictsec2sec@gmail.com](mailto:widistrictsec2sec@gmail.com)

OR MAIL TO:

**WI DISTRICT UPCI**  
P.O. BOX 670  
REEDSBURG, WI 53959