

TRANSITIONAL PASTOR TRAINING
FEBRUARY 4-7, 2008

CAMP GARAYWA
CLINTON, MS

Please complete the following information and reply by January 21:

Tuesday Breakfast

Tuesday Lunch

Wednesday Breakfast

Wednesday Lunch

Thursday Breakfast

Number in Room: _____ (1) _____ (2) Please give name of rooming companion so that room numbers can be assigned: _____

Please indicate if there is a need for a Handicap Accessible room _____
(There is an elevator as well as stairs for those assigned to 2nd Floor room)

Name: _____

Phone: _____

Email: _____

Thank you

Pam May, Ministry Assistant
Church-Minister Relations
Mississippi Baptist Convention Board
P. O. Box 530
Jackson, MS 39205
Fax: 601-714-7418
Email: mpmay@mbcb.org
Phone: 800-748-1651
601-968-3800
601-292-3225