

**SAFE AND SACRED SPACE – WORKER SIGN IN FORM H**

This form must be sent to the Kansas East Conference Office upon Completion of the workshop.

WORKSHOP DATE \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_ LOCATION \_\_\_\_\_

First Name _____ Last Name _____ Church/City _____ (L – Laity S – Staff P – Pastor) _____ Street Address _____ City/State/Zip _____ Home Phone _____ Work/Cell Phone _____ Email _____ Fee Paid _____	First Name _____ Last Name _____ Church/City _____ (L – Laity S – Staff P – Pastor) _____ Street Address _____ City/State/Zip _____ Home Phone _____ Work/Cell Phone _____ Email _____ Fee Paid _____
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