**Clergy and Lay Servant**: If you attend the Lakewood **3- Day** School, you may arrange to qualify for 1 (one) clergy CEU credit or for Lay Servant Re-Certification.

**Lay Servant Re-Certification Instructions**

* Check Re-Certification on the CSOCM Registration form.
* Complete a Re-Certification Registration Form and be sure to have your Pastor’s signature.
* Mail the Re-Certification form below with $15 and your class registration to Marcia Roebuck.
* Complete the Annual Lay Servant’s Report and forward it to your Pastor for approval at Church/Charge Conference
* District Superintendent signs the report and sends it to the District Director.
* District Director updates the records, issues the certificate and forwards the information to the conference.

**Payment & Refunds**

**Lay Servant Re-Certification**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_

Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Conference ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attended □ Lakewood, July 13-15, 2018

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Registrar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A list will be generated by the Registrar for those who have requested re-certification, attended all class sessions and paid the $15 fee. The list will be sent to the Director of Lay Servant Ministries by the Registrar.

**No** registration will be processed until **all fees are paid** or other arrangements are in writing.

Make **checks payable to “CSOCM”** and mail with your registration form with full payment to:

**Mission u/CSOCM**

**C/o Marcia Roebuck**

**21 Franklin Place**

**Maplewood, NJ 07040**

Or

Complete the credit card information below, or contact Marcia Roebuck to give her credit card information by phone and then mail this entire form to address above.

**Credit Card Information**

□ Visa □ Discover Card □ Master Card

Card Number

**\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

Security Code **\_ \_ \_**

Expiration Date (MM/YY) **\_ \_ /\_ \_**

Name on the Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Charged $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The $40 Registration fee is **NOT** refundable. Other fees may be refunded, if cancellation is received by June 30.