



Oklahoma District Teen LWML Registration Form

Name of Church: _____

Address of Church: _____

Phone Number of Church: _____

Name of LWML Society: _____

Name of Teen LWML Group: _____

Teen LWML Advisor: _____

Phone Number of Advisor: _____

Number of Teen Members: _____

Age (or Grade) Range of Teen Members: _____

Names of Teen Members (optional): _____

Date and Time of Meetings: _____

General objectives or plans for group:

Please submit form to your Zone President

ATTENTION: ZONE PRESIDENT:

Please submit to:

Delia Hansen, Teen LWML Coordinator

