

Registration Form

Shalom Readers Club

Dear Reader:

If you want to take part in the Shalom Readers Club but your church does not have an club, please fill in this registration form and mail it to your regional coordinator as soon as you begin reading.

Welcome and Happy Reading!

Name: _____ Age: _____

Address: _____

Church Name _____

Church Address _____

Regional Coordinator for
CO, NE, MT, SD, ND

Janelle Ortman
44529 - 280th St.
Marion, SD 57043
ojortman@gwtc.net

Regional Coordinator for
IA, IL, MN, WI

Ellen K. Miller
2131 Grand Blvd.
Waterloo, IA 50701
ellenkmiller@gmail.com

Find this form at www.centralplainsmc.org/Shalom_Reader

Reader's Record

Shalom Readers Club

This form should be mailed in after you have finished reading all seven books. Please mail this form to your regional coordinator by August 1.

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Reader's Name: _____ Age: _____

Address: _____

Church: _____

My Record of Books I Have Read:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

Star * the two titles for which you have done a "sharing" (see brochure).

My gift book choice is:

Title: _____ Author: _____