**BEAVER-BUTLER PRESBYTERY**

**Northeast Wee-Kirk Conference October 13-15, 2025**

**CONFERENCE FEE REIMBURSEMENT APPLICATION FORM**

**CHURCH INFORMATION**

**CHURCH NAME:**

MAILNG ADDRESS:

CITY: STATE: **PA**

ZIP: PHONE:

**PERSON(s) ATTENDING - INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ATTENDEE NAME:** |  | EMAIL: |  |  |

**PERSON(s) ATTENDING – INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ATTENDEE NAME:** |  | EMAIL: |  |  |

**PERSON(s) ATTENDING – INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ATTENDEE NAME:** |  | EMAIL: |  |  |

**PERSON(s) ATTENDING – INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ATTENDEE NAME:** |  | EMAIL: |  |  |

**COST INFORMATION**

**TOTAL # OF CHURCH ATTENDEES:**

**X $100/ATTENDEE**

**TOTAL REIMBURSEMENT AMOUNT REQUESTED:**

**Session approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clerk of Session Signature**

The EL Unit has allocated $1000 towards Wee Kirk reimbursement. EL will authorize reimbursement of $100 per individual and upon its discretion in order to maximize the number of congregations participating. Checks will be distributed from BBP to the churches. Individuals and churches are responsible for registration and reimbursement of their participants. Please visit **wee-kirk-ne.org** for registration and conference information.

OFFICIAL USE ONLY

Received Date:

Amount Approved:

Date Check Sent: