

# *Spiritual Enrichment Brunch*

**Central Bay District United Methodist Women**

**Frankenmuth United Methodist Church**

**February 9, 2019**

**Registration, 9:30 AM   Program & Speaker, 10 AM   Brunch following**



**Speaker: Melene Wilsey**

“Growing churches according to God's word:  
The story of New Heart UMC”

Melene is pastor of the New Heart UMC, Saginaw Michigan. Prior to that, she served as ministry and education facilitator for the Detroit Conference UMC. She also serves as a member of the Christian Education team and the annual conference equalization team. Pastor Melene has a passion for leading and encouraging disciples of Jesus Christ. Jesus told us how to grow churches. Are we doing it?

**Offering:** For the New Heart UMC Community School Kick-Off Event to support 200 low income children. Needed: glue sticks, hand held erasers, student sized Kleenex or any brand, 24 or more count crayon box and/or 10 washable colored markers. School Clothing - We also need gently used children and youth clothing. This includes coats, jackets, sweaters, shoes, pants/jeans, shirts, etc.

**Directions to church:**

**From the South and North: Take I-75 to the Bridgeport exit. From the north take exit 144. Turn left on Dixie Highway. From the south take exit 144B, turn left on Dixie Highway. Go to Junction Road (stoplight) and turn left. Junction becomes W. Genesee as you enter Frankenmuth. Continue on to Main Street (stoplight). Turn left and go two blocks to Vates St. Turn right and go three blocks to the church which is on the left. 346 Vates St., Frankenmuth MI.**

**Spiritual Enrichment Brunch**

Registration Form

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**Return this portion**  
**By January 25, 2019**  
**Registration Information**

Number Attending \_\_\_\_\_ times Brunch (cost of \$ 12.00) \_\_\_\_\_.

Make check payable to: Central Bay District UMW, and send to:  
Eleanor Hunt 5640 West Weir Oscoda, Mich. 48750-9484 (989)739-8179  
Questions can be emailed to ele.chuck59@gmail.com

Church and City \_\_\_\_\_

Contact Person \_\_\_\_\_ email contact \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**Person with special dietary or physical accommodations:**

\_\_\_\_\_

**Please list the names of the people attending:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Child care is available, by request only. Please indicate the number of children, their ages and your name and phone number.**

Name \_\_\_\_\_ Number of children \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Number of children \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Number of children \_\_\_\_\_ Phone: \_\_\_\_\_

**Return forms by January 25, 2019.**