

**PRESBYTERY OF YUKON
CHURCH INFORMATION FORM**
(Please return no later than February 16, 2018)

Church: _____

Mailing Address: _____

Physical Address: _____

Website Address: _____

Church Email: _____

Church Fax: _____

Federal Employer ID#: _____

Times of Worship: _____

Does your church have sexual misconduct and child protection policies (as required by the Book of Order in G-3.0106)? Yes No

Does your church have a Manual of Administrative Operations (as required by the Book of Order in G-3.0106)? Yes No

Date of regular session meeting (e.g., 2nd Monday of the month): _____

Clerk of Session: _____

Clerk of Session email: _____

Clerk of Session phone (cell, home): _____

Does your church have any loans? If yes, please provide loan balance, as of 12/31/17: Yes No

General Assembly: _____

Synod: _____

Presbytery: _____

Commercial: _____

Total Balance: _____

Insurance Carrier: _____

PLEASE PROVIDE A COPY OF THE SUMMARY OF COVERAGE IF THE CHURCH IS INSURED BY AN ENTITY OTHER THAN THE INSURANCE BOARD.