

## SPONSOR REGISTRATION FORM November 12, 2022

ambassadors.edu/rekindle

Please print and complete all sections with attendants information.

## REGISTRATION

Gender: 🔲 Male 🗔	] Female			
First Name:				
Last Name:Spouse's Name:				
Address:				
City:	State:	ZIP:		
Cell Phone #:				
responsibility for m	ny physical welfar	and will assume full re and will not hold n case of sickness or		
Printed Name:				
Signature Name:				
Date:/_/	_			

## HOME CHURCH INFORMATION

Cnurch Name:			
Pastor:			
Address:			
City:	State:	ZIP:	

