

SPONSOR REGISTRATION FORM November 11, 2023

ambassadors.edu/rekindle

Please print and complete all sections with attendants information.

REGISTRATION

Gender: Male Female First Name: Last Name: Spouse's Name: Email:							
					City:	State:	ZIP:
					Cell Phone #:		
					responsibility for	my physical welfa	and will assume full re and will not hold n case of sickness or
Printed Name:							
Signature Name:							
Date:/_/							

HOME CHURCH INFORMATION

Church Name:			
Pastor:			
Address:			
City:	State:	ZIP:	

