2016 ARIZONA MINISTRY NETWORK

GIRLS MINISTRIES CELEBRATION INDIVIDUAL INFORMATION FORM

CHURCH NAME:			
COORDINATOR:			
EMAIL ADDRESS:			
Participant Name:			
Parent Names:			
Honor(s):	Age:	Grade:	
What do you like to do for fun:			
What do you like most about girls m	inistries:		
Participant Name:			
Parent Names:			
Honor(s):	Age:	Grade:	
What do you like to do for fun:			
What do you like most about girls m	inistries:		
Participant Name:			
Parent Names:			
Honor(s):	Age:	Grade:	
What do you like to do for fun:			
What do you like most about girls m	iinistries:		

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