

# 2016 ARIZONA MINISTRY NETWORK

## GIRLS MINISTRIES CELEBRATION INDIVIDUAL INFORMATION FORM

CHURCH NAME: \_\_\_\_\_

COORDINATOR: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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Participant Name: \_\_\_\_\_

Parent Names: \_\_\_\_\_

Honor(s): \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

What do you like to do for fun: \_\_\_\_\_

What do you like most about girls ministries: \_\_\_\_\_

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