

**SOMEBODY**



**LOVES YOU**

**CHURCH PARTICIPATION FORM**

In order to help us serve you better, each participating church is asked to provide the following information to maximize the benefit of your church's involvement in the Crusade.

**Church Information**

This information will be used to contact and inform your church about the crusade and its related events. In addition, we will create a list of participating churches that will be placed in each new believer packet.

Senior Pastor:  Rev.  Dr.  Pastor  Other \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Church Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Fax: (        ) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Denomination: \_\_\_\_\_ Congregation Size: \_\_\_\_\_ Sanctuary Seating: \_\_\_\_\_

**Church mailing address if other than above...**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CHURCH ORGANIZATIONAL TEAM**

Coordinators can be staff or laypersons; if your church has not yet chosen the Coordinators, e.g. Congregational/Follow-up/Youth/Prayer, complete what you have and submit the form.

<u>FULL NAME</u>	<u>PHONE NUMBER</u>	<u>E-MAIL ADDRESS</u>
• _____ Congregational Coordinator	_____ Phone	_____ Email
• _____ New Believer/Follow-up Coordinator	_____ Phone	_____ Email
• _____ Student/Youth Coordinator	_____ Phone	_____ Email
• _____ Prayer Coordinator	_____ Phone	_____ Email

**Comments/suggestions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return this form to Somebody Loves You Crusades Attn: Rex Wolins, General Crusade Director by fax (909) 396-0553 or email [rexw@somebodylovesyou.org](mailto:rexw@somebodylovesyou.org)