

CAPTAIN'S CLUB

Please

Place

Photo

Here

2021 Application

Please print or type on the application using blue or black ink. Do not leave any questions unanswered. If the question does not apply, please write N/A.

Please have your parent(s) and pastor review this application before submitting it.

Personal Information		
Name:		
(First)	(Middle)	(Last)
Address:		
City:	State:	ZIP (Postal Code):
Phone:	Male: Fe	male:
Email:		
Date of Birth:/	/ Current A	ge:
Do you plan to attend Kid's C	amp? Yes No	_
What size of T-Shirt (mark 1):	Youth S: M: L: _	or Adult S;, M:
Parent/Guardian Names:		Phone #:
_		Phone #:
_		Phone #:
Church Service History:		
Name of church you attend: _		City:
UPCI Pastor:		#:

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(Application continued on next page.)

Have you been baptized in Jesus Name? Yes: No:	
Have you received the Gift of the Holy Ghost with the initial sign	n of speaking in tongues?
Yes No:	
Contest Criteria	
How much money did you personally raise for Save Our Childre	en this year? \$
Explain how you raised your offering and include details on how to reach your goal:	w you used creativity and hard work
(continue on additional pages if needed)	
Signature of Parent(s)/Guardian	Date
Signature of UPCI Pastor	Date
Signature of Applicant	 Date

*** This application must be received no later than June 1, 2021 Please mail to: ***

Illinois District Children's Ministries Attn: Captain's Club 403 Magnolia Street Heyworth, IL 61745