

PILGRIM
CONGREGATIONAL CHURCH



Male Female

Child's First Name Middle Name Last Name

Child's Date of Birth Place of Birth: City State Country

Father's First Name Middle Name Last Name

Mother's First Name Middle Name Last Name Maiden Name

Address: Street City State Zip Code

Father's Phone Email

Mother's Phone Email

SPONSORS — Number _____ NO SPONSORS Additional Sponsors may be added on reverse side.

① SPONSOR's First Name Middle Name Last Name

Address

② SPONSOR's First Name Middle Name Last Name

Address

③ SPONSOR's First Name Middle Name Last Name

Address

Life Verse [Please prayerfully choose a life verse for your child.]

Cost: \$100 donation to our Children's Program. • Please email or mail a photo of your child to the office.