

SPONSOR REGISTRATION FORM November 8, 2025

ambassadors.edu/rekindle

Please print and complete all sections with attendants information.

REGISTRATION

Gender: 🔲 Male 🗀	Female		
First Name:			_
Last Name:			_
Spouse's Name:			_
Email:			_
Address:			_
City:	State:	ZIP:	_
Cell Phone #:			_
l agree to abide by responsibility for m Ambassador Baptis accident.	y physical welfar	e and will not ho	ld
Printed Name:			
Signature Name:			
Date:/_/			_

HOME CHURCH INFORMATION

Cnurch Name:			
Pastor:			
Address:			
City:	State:	ZIP:	

