

COLLEGE MINISTRY APPLICATION - 2022 to 2023

STUDENT NAME:		FOOD ALLERGIES
<i>(First)</i>	<i>(Last)</i>	<i>(List allergies if any)</i>
SCHOOL:		YEAR:
<i>(School Name)</i>		Freshman Sophomore Junior Senior <i>(Circle One)</i>
COMPLETE MAILING ADDRESS:		
<i>(Street Number and Name)*</i>		
<i>(Apartment Number)</i>		
<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>

**If staying in a dorm, please enter the mail room address, not the dorm address.*

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 If someone other than student is signing up on their behalf, please complete:
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PARENT/SPONSOR INFORMATION:

Name: _____

Telephone Number: _____ **/E-Mail** _____

If you are a parent or sponsor, we ask that you participate if you are able. Please circle one or more ways you would be willing to assist:

Donating items Donating financially Assembling Transportation Prayer

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 Any messages, suggestions, etc. for the team - please write below or on the back.

