

SOS MINISTRIES 2009 REGISTRATION FORM

JULY 17-25, 2009

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Email _____

Single _____ Married _____ Spouse with you? _____

Children with you? _____ Ages: _____

Name of home church: _____

Church mailing address: _____

Church city _____ State _____ Zip _____

Church phone (_____) _____

How long have you been walking with the Lord
in a consistent way? _____

Musical instrument you can play on the street? _____

Foreign languages you speak, if any?

Where will you be staying during SOS?

1. Home: _____

2. Park Presidio Bible Church: _____

3. Other: _____

Will be at SOS:

All week: _____

The following days: _____

The following nights: _____

Not sure: _____

Have you been to SOS before? _____

Which years? _____

Agreement (Must be signed by all SOS participants.)

I agree to submit to the leadership of SOS Ministries throughout the outreach.

I agree not to hold SOS Ministries, or any individuals or organizations involved with SOS Ministries, to be responsible for any medical or other injury I (applicant) may suffer before, after, or during the SOS-San Francisco outreach.

(signed) _____

(If under 18, must be signed by parent or legal guardian) I consent to above agreement and give applicant my permission to participate in SOS-San Francisco. (signed) _____

Name and relationship to applicant _____

Registration and Food (Breakfast and Lunch only—July 20-25): _____ \$50 for whole week. (\$10 per day.)

Registration (without food): _____ \$25 for whole week. (\$5 per day.)

FREE SOS T-SHIRT FOR THOSE WHO REGISTER BY JUNE 15.

(Must enclose \$25 minimum payment per person and indicate shirt size below):

Adult: small _____; medium _____; large _____; extra large _____; extra, extra large _____

Child; medium (10-12) _____; large (14-16) _____

Mail to: SOS Ministries, P O Box 27358, Oakland CA 94602, (510) 926-3299, mail@sosmin.com www.sosmin.com