



**SPONSOR APPLICATION FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

How did you find out about this ministry? \_\_\_\_\_

Club leader (must be age 18 or older) or contact person: \_\_\_\_\_

Name of Church/Store/Group: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Projected Club Start Date: \_\_\_\_\_

Club Type: (Circle one)

Church    Neighborhood    Retail Store    Library    Homeschool Group

Other: \_\_\_\_\_

Expected Club Meetings Time Frame: (Circle one)

Monthly    Weekly    Quarterly    Summer    Other: \_\_\_\_\_

What is your vision for your A Life of Faith Girls Club? (use additional page if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us about the church you attend and your spiritual background (use additional page if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be willing to open your club to your community? \_\_\_\_\_

If so, would you like us to post your club on our website? \_\_\_\_\_

Would you like to be connected with other club leaders? \_\_\_\_\_