



Partnering Church Sign-Up Sheet

Church Name: _____
Church Street Address: _____
Mailing Address (if different): _____
City: _____ State: _____ Zip: _____
Church E-mail: _____ Website: _____
Church Phone Number(s): _____
Denomination Affiliation (if any): _____
Senior Pastor Title and Name: _____

(If you don't have a coordinator at this time, this info can be given later)

Church Coordinator Name: _____
Coordinator preferred phone contact(s):
Cell: _____ Work: _____
Home: _____
Coordinator E-Mail: _____

"Yes, we wish to partner in CAREfest 2012." We will commit to the expectations as shown in "Become a CAREfest Partnering Church".

Your Name: _____

Save this file, and attach as Email, or fax to the following address:

efuller@snocommchurch.org
CAREfest Leadership Team
c/o Snohomish Community Church
13622 Dubuque Rd
Snohomish, WA 98290
425-334-9181 FAX: 425-377-1842