

# Church Ministry Form

Give this form to the panel of judges when you share your talent on April 19th.

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

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

City: \_\_\_\_\_ NY Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_

Category: \_\_\_\_\_

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

Church Setting: \_\_\_\_\_

Young people are encouraged to share their talents in a local church setting prior to sharing it on April 18th at Horseheads.
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Signature: \_\_\_\_\_

Pastor, Youth Leader or a Deacon (if without a pastor)