

OASIS STUDENT MINISTRY EVENT FORM

Event: _____

Contact Information:

NAME _____ AGE _____

MALE FEMALE GRADE _____ SCHOOL _____

MAILING ADDRESS _____

Including City, State
& Zip Code

PHONE NUMBER [] _____

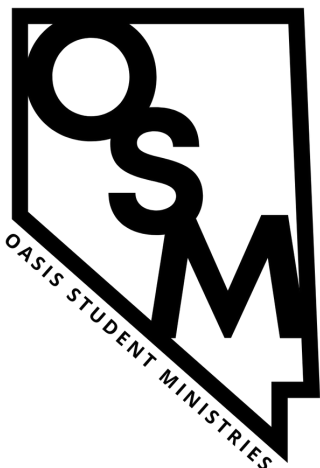
E-MAIL ADDRESS _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN PHONE [] _____

PARENT/GUARDIAN E-MAIL ADDRESS _____

FINANCIAL ASSISTANCE NEEDED
(IF APPLICABLE TO EVENT)



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Please turn this form into the church office
drop box or give to Youth Pastor Sam.

If you have questions please contact
Youth Pastor Sam at 209-324-7987 or at
sam@oasiscma.org