DATE:	



SERVICE SHEET

NAME:			MALE FEMALE	
ORIGINAL WALK#	DATE:	COMMU	JNITY:	
ADDRESS:				
PHONE(S):				
EMAIL(S):				
CHURCH:				
OCCUPATION:				
LIST POSITIONS HELD, COMMU	JNITY AND WALK	CHECK A	REAS OF PREFERENCE	
		CONI	FERENCE ROOM	
		MUS	IC	
		☐ MEA	L SERVICE	
			PE	
		REFR	RESHMENTS	
		HOU	SING	
		WOR	SHIP	
		CANI	DLELIGHT	
		☐ SPONSOR'S HOUR		
		CLOSING		
		SPEA	KER'S PRAYER CHAPEL	
		☐ ENTE	ERTAINMENT	
		72-H0	OUR PRAYER VIGIL	
		ОТН	ER:	
		☐ I CAN	N WORK A MID WEEK WALK	
		I AM	INTERESTED IN KAIROS	
Can you commit to 20+ hours of training over 6 to 8 weeks?			☐ YES ☐ NO	
Are you currently active in a reunion group?			YES NO	
Do you want to be considered for	or an upcoming wall	k?	YES NOT AT PRESENT	
Please list any area you wish NOT to be considered for:				