



RECORD OF CHURCHES VISITED

Date.....

YOUR NAME:
ADDRESS:
TELEPHONE NUMBER:
EMAIL:
NAME AND ADDRESS OF CHURCH YOU WISH TO RECEIVE HALF YOUR SPONSORSHIP:

PLEASE TAKE THIS FORM WITH YOU ON THE DAY AND KEEP A RECORD OF THE CHURCHES AND CHAPELS YOU VISIT (to be initialled if possible)

Church	Time	Initials	Church	Time	Initials