



CHILDREN/TEENAGERS BIBLE PROGRAMME

(AUGUST 2024)

BRANCH HOSTING FORM

NAME OF BRANCH: _____

STATE/ COUNTRY: _____

ADDRESS OF BRANCH: _____

SESSION HOSTING: FIRST SECOND BOTH

PASTOR'S NAME AND PHONE? _____

CHILDREN COORDINATORS NAME AND PHONE? _____

CHILDREN'S COORDINATORS ATTESTATION:

I, _____ HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE. I PROMISE TO COMPLY WITH THE RULES AND REGULATIONS OF THE INSTITUTION.

SIGN

DATE

PASTOR'S APPROVAL:

I, _____ HEREBY GIVE MY CONSENT THAT THE BRANCH WILL FULLY PARTICIPATE AND TAKE CHARGE OF ALL RESPONSIBILITIES IN THIS PROGRAMME.

SIGN

DATE

PLEASE FILL AND SUBMIT THE FORM AT THE GLOBAL CHILDREN MINISTRY OFFICE OR SEND THIS FORM TO THE EMAIL (leadinglightsbibleschool@smhos.org)

OFFICIAL APPROVAL _____