

SPONSORSHIP REGISTRATION FORM

Thank you for your willingness to sponsor a national or native preacher. In order for us to maintain a high standard of accountability between you and your sponsored preacher, we need you to complete the form below and return it to the FINAL FRONTIERS FOUNDATION ministry representative present with you. If you are receiving this dossier through the mail, please return this form to us in the envelope provided as quickly as possible.

Your National Preacher's Information

Today's Date: _____/_____/_____

Your National Preacher's Country: India

Accountability: N. Babu Prasad

Your National Preacher's Name: A. Arkoia Dhass

Your Personal Information

Your Name and Your Spouse's Name

Your Address

Your City, Your State, Your Zip, Your Country

(_____) _____ - _____
Your Home Telephone

(_____) _____ - _____
Your Business Telephone

Your Email Address @ _____



Yes ☐ I would you like to receive my free copy of the Progress Report by email

Yes ☐ I would you like to receive my preacher's reports by email

Will you be sending your check through your church? Yes ☐ No ☐

Your Church's Name

Your Church's Address

Your Church's City Your Church's State Your Church's Zip

Are you giving your first month's support check today? Yes ☐ No ☐

I would like to add \$5 ☐ \$10 ☐ \$20 ☐ \$_____ ☐ extra to my monthly support for the home office.