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:	<u>India</u>
Accountability:	N. Babu Prasad
Your National Preacher's Name:	Mastan Stephen B.
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 thro	ugh 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.	