

RECORD OF CHURCHES VISITED SATURDAY 14TH SEPTEMBER 2024

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

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