



## Registration Form

Please fill out appropriate section completely

### Individual Sponsorship

Name: \_\_\_\_\_  
(please print full name here)

Address: \_\_\_\_\_  
\_\_\_\_\_

City, St, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

### Business / Church Sponsorship

Name: \_\_\_\_\_  
(please print business or church name here)

Address: \_\_\_\_\_  
\_\_\_\_\_

City, St, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Web Address \_\_\_\_\_

Submitted by: \_\_\_\_\_

Please fill out appropriate section completely and enclose a check or money order for your donation made payable to "Walking Revival Ministries, Inc." marked for "Project HOPE" and mail to:

**Walking Revival Ministries, Inc.**  
**Attn: Project HOPE**  
**PO Box 846**  
**Villa Rica, GA 30180**