



**WHEN CONNECTICUT PRAYS – REGISTRATION**

**Personal Information:**

Dr.  Rev.  Pastor  M\_\_\_\_\_  Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Personal E-Mail \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**Church Information:**

I am  Senior Pastor  Associate Pastor  Children's Pastor  Youth/Student Pastor  
 Other (please specify) \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Church Name \_\_\_\_\_

Church Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Church E-Mail \_\_\_\_\_ Church Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Denomination/Affiliation \_\_\_\_\_

**YES**, our church ministers to people who are:  Deaf  Disabled  Non-English speaking (specify language) \_\_\_\_\_

---

**YES**, as a pastor, I am willing to assist in coordinating pastors for prayer in my area—specify county \_\_\_\_\_

**YES**, as a lay-person, I am willing to assist in encouraging my **county's** churches to participate in *When Connecticut Prays*

**YES**, I will volunteer to my pastor to serve as my **church's**: (please check one)

\_\_ *When Connecticut Prays* Congregational Contact      \_\_ *When Connecticut Prays* Compassion Outreach Contact

Return to: [Danni@whenCTprays.org](mailto:Danni@whenCTprays.org)