

# PURE & simple.

## 2010 DOVE Girls' Night Out March 12 - 13

### Worker Registration Form

All workers need to be at least 20 years of age, have attended your church for at least six months, and have your pastor's recommendation by placing his signature on the worker's registration form.

All hotel rooms must be staffed by a worker. Registration fee: \$20.00

Please make checks payable to Church of God of the Apostolic Faith (COGAF).

Please Mail Completed Form and Fee to: COGAF, P.O. Box 691745, Tulsa, OK 74169

Name \_\_\_\_\_ SS# (required) \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Occupation \_\_\_\_\_  
Hm. Phone \_\_\_\_\_ Wk. or Cell Phone \_\_\_\_\_  
Spouse Name \_\_\_\_\_ Church Name \_\_\_\_\_  
Have you ever been convicted of any crime other than a traffic violation? Yes No  
If Yes, explain: \_\_\_\_\_

*We reserve the right to do a criminal background check.*

**T-Shirt Size: S M L XL XXL (add \$1.50) XXXL (add \$2.00) please circle one**

### Emergency Information

If a spouse is not available, in case of emergency, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Hm. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Medical History

Physical or Mental Limitations? Yes No  
If Yes, please list \_\_\_\_\_  
Will any medications be accompanying you? Yes No  
If Yes, please list \_\_\_\_\_  
Please list all medication allergies \_\_\_\_\_

### Worker's Commitment & Release

I pledge myself to a weekend of cooperative ministry with the DOVE Coordinator and Committee. I will maintain a personal discipline and a spirit that exemplifies Christ at all times. I will put the physical, mental, and spiritual welfare of the attendees as my first priority. I agree to follow all workers' rules including, but not limited to, not leaving the hotel once the event has begun. All workers are expected to stay with their girls throughout the entire evenings' events. I do not hold the DOVE staff, or The Church of God of the Apostolic Faith responsible for any personal or property loss. This Medical History is correct as far as I know. I further authorize the DOVE staff and/or designated medical/professional officials or authorities to administer emergency medical assistance if necessary.

\_\_\_\_\_  
Worker's Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor's Recommendation Signature (required)

\_\_\_\_\_  
Date