

Video Entry Form

Church Name: _____

Church Address: _____

City: State: Zip: _____

Missionary Biography **Bible Storytelling**

First Name	Last Name	Grade	Boy or Girl	Birthday
				/ /
				/ /
				/ /
				/ /
				/ /



Mailbox Contest Entry Form

Child's Name: _____ **Birthday:** ___/___/___
Grade: K3 K4 K5 1st 2nd 3rd 4th 5th 6th
Gender: Boy Girl
Church Name: _____
Church Address: _____
City: _____ **State:** _____ **Zip:** _____



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