

SIFA! SIFA! AFRICA! MINISTRY EVENT CONFIRMATION

CHURCH /ORGANIZATION NAME: _____

ADDRESS: _____

PASTOR/ CONTACT NAME: _____

OFFICE PHONE NUMBER: _____

HOME OFFICE NUMBER: _____

CELL PHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL: _____

DATE OF EVENT: _____

SET UP TIME: _____

PERFORMANCE TIME: _____ **AM PM**

DIRECTIONS TO THE EVENT CENTER: _____

Mail or fax completed form to:

ChristAid, Inc.

P.O. Box 1374

Arvada, Colorado 80001-1374

Fax: 303-432-6291