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### NAME AND CHAPTER

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**Salutation** (*i.e., Mr., Ms., Mrs., Br., Sr., etc.*): \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Your Chapter Number and City:** \_\_\_\_\_

**Please select the role that you play within your Chapter** (*Choose only one*):

<input type="checkbox"/> President	<input type="checkbox"/> Membership Coordinator	<input type="checkbox"/> Spiritual Advisor
<input type="checkbox"/> Vice President	<input type="checkbox"/> Public Relations Coordinator	<input type="checkbox"/> Color Bearer
<input type="checkbox"/> Secretary/Treasurer	<input type="checkbox"/> Activity Coordinator	<input type="checkbox"/> Sentinel
<input type="checkbox"/> Secretary (only)	<input type="checkbox"/> Trustee	<input type="checkbox"/> Other (non-officer volunteer)
<input type="checkbox"/> Treasurer (only)		

### CONTACT INFORMATION

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**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### SESSION INFORMATION AND SIGNATURE

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**Training Course:** Protecting God's Children<sup>™</sup> Awareness Session for Adults

**Training Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Training Location:** \_\_\_\_\_  
(*Facility Name & City*)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(*Denoting Attendance*)