

Participant Registration Form

Thank you for joining the 24-hour **do fast**, starting at sundown on the 2nd Sabbath in November!

Let us know a bit about you — and your group, if you are joining or leading a **do fast** group.

Be blessed! We're praying for you and your friends as you enter to "food-free zone" and find yourself growing stronger in the Lord and realizing the impact you have on the lives and future of the orphans in the world!

I'm registering as a participant by: myself with a group

PARTICIPANT

First Name _____ Last Name _____

Email _____

Telephone _____

Address _____

City _____ State _____ Zip _____

Group Name _____

HOST INSTITUTION/CONTACT

First Name _____ Last Name _____

Email _____

Telephone _____

Street Address _____

City _____ State _____ Zip _____

PO Box _____

City _____ State _____ Zip _____

I am the group leader

I am the host institution contact. My role is _____

WE WANT TO RAISE FUNDS FOR THE ORPHANS. WE UNDERSTAND THAT IN MOST COUNTRIES, \$30 A MONTH WILL FEED ONE ORPHAN, SO OUR GOAL IN US DOLLARS IS:

- \$90 (1 orphan for 3 months) \$360 (1 orphan for 12 months) \$720 (2 orphans for 12 months)
 \$180 (1 orphan for 6 months) \$540 (3 orphans for 6 months) Other (amount \$ _____)

SEND OUR FUNDS TO ORPHANS (WHO ARE SUFFERING THE MOST) IN THE FOLLOWING COUNTRY(IES):

- Chad Haiti Kenya Zimbabwe My/Our choice(s)

I HEARD ABOUT THE **do fast FROM MY:**

- Friend (Name _____)
 School/Teacher (School or teacher's name _____)
 Church Youth Leader (Name _____)
 Church, Other (Name or role of this person _____)
 Restore a Child web site
 Other (Thank you for telling us the source _____)

Thank you for participating in the **do fast for God's orphans!
You are saving lives for Him!**

Send us your registration information one of the following ways:

Mail completed form to Restore a Child, 11212 Cherry Hill Road, Suite 202, Beltsville, MD 20705
or call it in to (877) 745-7833; or enter it online at restoreachild.org/dofast.