



BODYBUILDERS APPLICATION FORM

- PRINT ME! -

Name of Sponsoring Congregation: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

Geographical preference (*if any*): _____

Pastor's Signature: _____

Council President's Signature: _____

Send to: AFLC Home Missions
3110 East Medicine Lake Blvd.
Minneapolis, MN 55441