

Smock Senior Ministries

3 B Training Event

Name: _____

Address: _____ Zip: _____

Church: _____

Phone #: _____ Email: _____

We, the Session of _____ Church are pleased to encourage
_____ in their attendance at the 3 B Program Training.

We will remember them in our prayers and be of assistance as we can in the formation of any classes on their return from 3 B training.

Clerk of Session or Pastor Signature

T-Shirt Size _____

Color (Circle one): Orange Lime Green

Mail this completed form to:

Rev. William R. Haworth
Smock Senior Ministries
300 West Wayne Street
Fort Wayne, IN 46802