First Time Guest Form Seaside Home 2024

	Part I to	be completed by applicant (1 form per adult)
Guest Applicant's Name		
Name of Church Applicant A	ttends	
Applicant's Home Address		
City	State	Zip Code
Phone #		Date
Email Address		
Guest referred by:		
Part II To be completed by Pasto	or or Seaside Home Boa	rd Member
Name		
How long have you known th	e applicant?	
How do you know the applica	ant?	
 New Christian Exhibits Good Christian Attends church service basis. Active in Christian Ser Limited in financial re Would benefit from a control of Children/Grandchildre Capable of living in a follow house rules and 	in retreat for people of women and children of and daily Devotions of and daily Devotions of an character. The ses, bible study, Sundantice of Christian development of the small space with of policies. (Curfew, Q	n. Since the second to be true of the applicant: The second and/or small group on a regular ere on vacation. The second and fellowship. The Christian vacation environment. The people; polite; considerate; able to uiet Hours, Family Dining, Devotions)
	l will benefit from the (me, Cape May, NJ. I believe this applicant Christian fellowship, devotions and
Signature		Date
Church Name and Address		
Phone #		You will be contacted by the Registrar
Mail application to: Seaside Home-	Registrar	Email: contact@seasidehomeniorg

Heather Chellew c/o Seaside Home PO Box 654 Swedesboro, NJ 08085