



**SPOKANE ATHLETIC CO-OP GOLDEN EAGLES
APPLICATION FOR PARTICIPATION**

(PLEASE PRINT)

Today's Date: _____

Parent or Guardian's Name: (Mr. Mrs. Miss) _____
First Last

Youth's Name: _____ Birth date: / /
First Last

Male Female E-Mail: _____

Address: _____

City, State, ZIP: _____

Home Phone: (____) _____ Work Phone: (____) _____

One purpose of Spokane Athletic Co-op is to communicate the gospel message of Jesus Christ. *Participation in the sports program, however, does not require membership in a church, or even that participants be or become a Christian*, but we would like to know the participants' position with regards to the following spiritual questions. If you wish to learn more about what the leadership of Spokane Athletic Co-op believes, please don't hesitate to ask for more information.

Have you trusted Jesus Christ as your Lord and Savior? Yes No Not Sure

If yes, would you please share a short testimony with us: _____

Do you attend Sunday School? Yes No

Do you attend a Bible Study? Yes No

Do you attend church? If so, where? _____

Participant's Signature: _____

Parent/Guardian's Signature: _____