

CHURCH AT HOME

Name: _____

Address: _____

Preferred Telephone #: _____

Email: _____

Do you wish to be a host home for CHURCH AT HOME: yes or no

How often do you plan on Hosting (choose one)

Weekly Bi weekly Monthly

Other-Please specify _____

What time and day of the week do you plan on hosting your CHURCH @ HOME ? _____

How many adults can you host? _____

How many kids can you host? _____

Would you like TPA to send you contacts for you to invite? Yes or no

Is your home wheelchair accessible? Yes or No

Are there pets in your home? If so what kind? _____

Will your pet be loose or contained while you are hosting CHURCH @ HOME? Yes or No

Do you plan on having refreshments as a part of your CHURCH @ HOME? Yes or No

Is there anything about your home that people need to know before they visit?

Have you watched the CHURCH @ HOME training video? Yes or No

Do you agree to abide by current health orders while hosting? Yes or No

I have read the Statement of Fundamental and Essential Truths of The PAOC and with my signature I confirm my support for them.

Signature