

ASAP AFRICA SUMMER HARVEST OF HOPE

EVENT REGISTRATION FORM



ASAP AFRICA
 P.O. BOX 2275
 PEACHTREE CITY, GA 30269
 (770) 632-7451

EMAIL: ta@asapafrika.org

Please complete your personal information in this section.

YOUR NAME:	
MAILING ADDRESS:	
CITY, STATE ZIP:	
TELEPHONE:	
EMAIL ADDRESS:	
SKYPE NAME:	
SHARE YOUR MOTIVATION TO HOLD THIS EVENT	

Please complete the details of your event in this section.

EVENT INFO	DATE & TIME:	
	VENUE:	
	VENUE ADDRESS:	
	OTHER CONTACT:	
	WEBSITE:	
EVENT DETAILS:		
Expected number of attendees:		

Email this completed form to: ta@asapafrika.org along with any questions.
 We will send you ASAP AFRICA brochures, bookmarks, + a DVD about ASAP if requested.