

Faith2Faith
Christian Vocation Faith Story Sharing

Entry Form

This form is to be submitted along with your video post.
A video submission without an entry form will be removed and will not be eligible.

Entrant

Name _____ Birthdate _____

Contact Information:

Street Address _____

City _____ State _____ Zip Code _____

Preferred Phone _____ Alternate Phone _____

Preferred email _____

Are you a member of a PC(USA) congregation or presbytery? YES NO

If so, provide name and address _____

If not, what is the name and contact information for the PC(USA) sponsored ministry in which you are active?

Video Submission

Title (if any) _____

Date Submitted _____

Any additional information you would like to provide?

Please return to Faith2Faith@pcusa.org as soon as video is posted.
You will receive email confirmation of receipt.