

## **S-T-R-E-N-G-T-H APPLICATION**

### **COMPLETE AND MAIL TO:**

PA YOUTH MINISTRIES  
c/o Deloin Scotton  
2051 Kent Road  
Folcroft, PA 19032

### **CONTACT INFORMATION:**

Telephone: (610-416-9015)  
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[poochiescs@aol.com](mailto:poochiescs@aol.com)

**MAKE CHECKS PAYABLE TO: "CHURCH OF GOD OF PROPHECY"**

**\$25.00\*** FLAT APPLICATION FEE

NAME: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET NUMBER AND NAME OR PO BOX NUMBER ) (CITY) (STATE) (ZIP CODE)

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

LOCAL CHURCH THAT YOU ATTEND:

E-MAIL: \_\_\_\_\_ FACEBOOK NAME: \_\_\_\_\_

PLEASE CHECK THE ITEM YOU WISH TO PURCHASE: **TOOL:** ☐ **BRACELET:** GOLD ☐ SILVER ☐

**KEYCHAIN:** 2-RING ☐ RING AND CLIP ☐ **WATCH:** ROUND ☐ RECTANGLE ☐ HEART ☐

*RULES FOR ACCEPTANCE IN THE S-T-R-E-N-G-T-H PROGRAM ARE THE SAME FOR EVERYONE  
WITHOUT REGARD TO RACE, NATIONAL ORIGIN, OR HANDICAP.*

I WILL ABIDE BY ALL PROGRAM RULES AND ACCEPT THE ADVICE OF MY LOCAL YOUTH LEADERSHP.

**YOUTH SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**LEADERS SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*\* The application fee includes the cost of the initial link item (bracelet, keychain, watch), the PA symbol, the 8 letters of  
S-T-R-E-N-G-T-H, certificates, travel passport, shipping and handling.*