Local Partnership Registration Form

Organization Name:	Denominatio	n (if one): _	
Mailing Address / City / Zip Code:			
Primary Partnership Contact & Job Title:			
Primary Partnership Contact Phone & Email: _			
Secondary Partnership Contact & Job Title:			
Secondary Partnership Contact Phone & Ema	il:		
We are Seeking Host Churches for our <i>Moto</i>	rcycle Rider &	Safety Cou	ırse!
We are currently looking for Church Partners to Safety Course. We need a decent-sized parking lo motorcycles and practice safety protocols. This we place during the week (8a-5p, M-F), so as not to	ot to set up our o ould be a 2-day o	cones to pra	actice driving the tand would take
Would your church be willing to host by allowing one (or more) of our monthly courses? (Please C	•		arking lot for _ No
Would your church be willing to donate motorcy	cles for our use?	Yes	_ No
Church Partner Signature:		_ Date:	
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If you have any questions, please contact me by or by phone (918.770.3360).	email (<u>ross.turne</u>	er@cross-au	utomotive.com)
On behalf of C.A.R., I want to thank you for you God and for being Ambassadors of Christ when beginning of a fruitful partnership to serve Cacross the Greater Tulsa Metroplex. May He bupon you!	re he has plante Christ in and are	d you. I pra ound our c	y this will be the community, and

Rev. Ross Turner

Corporate Chaplain, C.A.R.