

# MEASURE OF A MAN

## Host a Screening Form

Church Name: \_\_\_\_\_

Church Website: \_\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
(person filling out form)

Position in Church: \_\_\_\_\_  
(ex: Youth Pastor, Activities Coordinator)

Email Address: \_\_\_\_\_

Date of Screening (Month/Day/Year): \_\_\_\_\_

Time of Screening: \_\_\_\_\_ am / pm

Seating Capacity: \_\_\_\_\_

Are you interested in bulk ordering DVDs?  
Yes / No

Special Notes or Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_