

Faith Fellowship Ministries World Outreach Center

2707 Main Street, Sayreville, New Jersey 08872
Phone: 732-727-9500 ext 2502 Fax: 732-479-2413

Spiritual Enrichment Program

For

INTERNATIONAL GUESTS

Pre-Registration Profile for FITS

This questionnaire is a pre-application form for international guest admission to our program. A full application packet is required once this form is reviewed and you are verified by our representative. This form must be mailed or faxed to the FITS office [Attn: Rev. M Spero] or scanned and emailed to sonshinebible@earthlink.net

Name as written on Passport:

Given name: _____ Surname: _____

Present Address: [for mailing/posting application packet]

P.O. Box or Street
Address _____

City _____ State _____ Country _____ Postal Code _____

Phone Number: [Home #] _____ [Work #] _____

Email Address: _____

Passport # _____ U.S. Visa Yes No

Birth Date: _____ Age: _____ Gender: Male Female

Marital Status: _____ Spouse's Name: _____

Primary and Secondary Language _____

ENGLISH ability:

Can you: Read English? Write English? Speak English?

Nationality _____ Citizenship _____

Profession _____

Name of Church you attend _____

Church address _____

Name of pastor _____

If you are a pastor give your Overseer's info

*Pastor's telephone number[s] _____

*Pastors email address [s] _____