



Military Care Package Registration Form

PRAYER REQUESTS

SERVICE MEMBER

Name _____

Date of Deployment ____/____/____ Return ____/____/____

Location where serving (Iraq/Afghanistan) _____

Born Again Believer? Yes No (circle one)

If yes, where do they fellowship? _____

Relationship (Son, Daughter, etc.) _____

Age _____ Military Branch _____

APO/FPO Address _____

Suggestions for box contents

YOUR INFORMATION

Food Items _____

Name _____

Home Address Street _____

City _____ Zip Code _____

Phone (_____) _____

Is CCR your Home Fellowship? Yes No (circle one)

Personal Care Items _____

You may also submit a photo of the service member for his/her file. This photo may be used on our website as part of our ministry.