

**PILGRIM REST**  
**Christmas Blessing Nomination Form**

*Please note that all nomination forms must be submitted by a member of Pilgrim Rest.  
A Pilgrim Rest member may only nominate one (1) family in need,  
which is either a member or non-member of Pilgrim Rest.  
You cannot self nominate yourself.  
Please note this nomination form must be completed in its entirety  
and submitted no later than Monday, December 10th at 12:00 pm.  
Please return this form to the church receptionist at The Word Center during business hours.  
Finally, the submission of this form in no ways guarantees  
that the family you nominated family will be selected.*

Please Initial & Date

Member Name: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Date united with Pilgrim Rest? \_\_\_/\_\_\_/\_\_\_

Please list the ministries in which you currently serve. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nominee Name: \_\_\_\_\_ PRBC Member? Yes  No

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s)-Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Marital Status: Married  Single  Divorced  Separated  Widowed  Living-together

If married, spouse's name: \_\_\_\_\_ # of children at home: \_\_\_\_\_

Name(s) of Children: _____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____

**TURN OVER TO THE BACK TO COMPLETE THE FORM**

