

ONE HOMELESS NIGHT REGISTRATION FORM SEND TO OHN PRIOR TO EVENT

NAME OF GROUP

TODAY'S DATE

NAME OF CHURCH/SCHOOL

NAME OF CONTACT

ADDRESS

EMAIL

DATE OF One Homeless Night

NAME OF HOST ORGANIZATION

YOUR CONTACT

THEIR EMAIL ADDRESS

TEL # NUMBER

WHAT IS YOUR MAIN GOAL/PURPOSE OF HAVING A ONE HOMELESS NIGHT?

WILL THIS EVENT BE OVERNIGHT OR DAYTIME EVENT?

WHAT LOCATION (HOSTS FACILITIES/GROUP'S CHOSEN FACILITY)

IF AT GROUP'S FACILITY- WHO WILL REPRESENT THE ORGANIZATION AT YOUR FACILITY?

IS THIS THE FIRST One Homeless Night FOR THIS GROUP?

#	Last Name	First Name	Age	TOTAL PLEDGES
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				