



Toby's Top Dog

Please enclose/
attach a photo.

2024 Application

Please print or type on the application using blue or black ink. Do not leave any questions unanswered. If the question does not apply, please write N/A.

Please have your parent(s) and pastor review this application before submitting it.

Personal Information

Name: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ ZIP (Postal Code): _____

Phone: _____ Male: _____ Female: _____

Email: _____

Date of Birth: ____/____/____ Current Age: _____

Do you plan to attend Kid's Camp? Yes _____ No _____

What size of T-Shirt (mark 1): Youth S: _____, M: _____, L: _____ or Adult S: _____, M: _____

Parent/Guardian Names: _____ Phone #: _____

_____ Phone #: _____

_____ Phone #: _____

Church Service History: _____

Name of church you attend: _____ City: _____

UPCI Pastor: _____ Church Phone #: _____

Have you been baptized in Jesus Name? Yes: _____ No: _____

Have you received the Gift of the Holy Ghost with the initial sign of speaking in tongues?

Yes _____ No: _____

Contest Criteria

How much money did you personally raise for Save Our Children this year? \$ _____

Toby's Top Dog: \$1,000+ / Level Three: \$750+ / Level two" \$500+ / Level One: \$250+

Explain how you raised your offering and include details on how you used creativity and hard work to reach your goal:

(continue on additional pages if needed)

NOTE: Photos of all Toby's Top Dogs may be taken and used for promotions on CM social media.

Signature of Parent(s)/Guardian Date

Signature of UPCI Pastor Date

Signature of Applicant Date

***** *This application must be received no later than June 1, 2024 Please mail to: ******

Illinois District Children's Ministries
Attn: Toby's Top Dog
403 Magnolia Street
Heyworth, IL 61745
CMSecretary@illinoisdistrict.com