**Cassandra Scott Ministries**

**Getting to know you form….**

|  |  |
| --- | --- |
| Name |  |
| Phone |  |
| Email |  |
| Address |  |
| Church Home |  |
| Profession |  |
| Gifts & Calling |  |
| First time doing in-home prayer |  |
| Have you been on prayerline? If so how long? |  |
| Have you been filled with the Spirit (speaking in tongues) |  |
| Are there any areas that you would like more information about? |  |
| How can we be more helpful to you? |  |

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