

Prayer Partner Form

Dear Student:

During this class, we will match you with someone who is committed to pray for you individually. Please fill out the following information to help your prayer partner pray more effectively.

If you have any questions, call or text me at _____ or email _____.

NAME HERE, Prayer Coordinator

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First Name (last name optional): _____

I live with the following people (list names, relationships, and ages if applicable):

Phone Number _____

Email (optional) _____

Do you want your prayer partner to contact you? _____

Your Prayer Needs (please list only prayer needs that specifically relate to you and your life)
