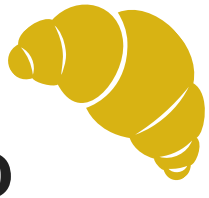
Sinking Deep



SNACK SIGN-UP

Pick a week to contribute a light food item

WK 1

WEEK 1 DATE:

Name: _____

Number: _____

What I plan to bring: _____

WK 2

WEEK 2 DATE:

Name: _____

Number: _____

What I plan to bring: _____

WK 3

WEEK 3 DATE:

Name: _____

Number: _____

What I plan to bring: _____

WK 4

WEEK 4 DATE:

Name: _____

Number: _____

What I plan to bring: _____

WK 5

WEEK 5 DATE:

Name: _____

Number: _____

What I plan to bring: _____

WK 6

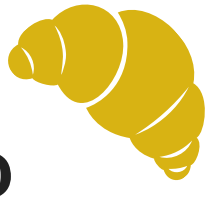
WEEK 6 DATE:

Name: _____

Number: _____

What I plan to bring: _____

Sinking Deep



SNACK SIGN-UP

Pick a week to contribute a light food item

WK 1

WEEK 7 DATE

Name: _____

Number: _____

What I plan to bring: _____

WK 2

WEEK 8 DATE

Name: _____

Number: _____

What I plan to bring: _____

WK 3

WEEK 9 DATE

Name: _____

Number: _____

What I plan to bring: _____

WK 4

WEEK 10 DATE

Name: _____

Number: _____

What I plan to bring: _____

WK 5

WEEK 11 DATE

Name: _____

Number: _____

What I plan to bring: _____

WK 6

WEEK 12 DATE

Name: _____

Number: _____

What I plan to bring: _____

Sinking Deep
PRAYER REQUESTS

DATE:

Name: _____ Prayer: _____

Name: _____ Prayer: _____

Name: _____ Prayer: _____

Name: _____ Prayer: _____

Name: _____ Prayer: _____

Name: _____ Prayer: _____

Name: _____ Prayer: _____

Name: _____ Prayer: _____

Name: _____ Prayer: _____

Sinking Deep

BRUNCH SIGN-UP

DATE:
TIME:
LOCATION:

EGG DISH

Name: _____
Number: _____
What I plan to bring:
_____

Name: _____
Number: _____
What I plan to bring:
_____

UTENSILS

Name: _____
Number: _____
What I plan to bring:
_____

Name: _____
Number: _____
What I plan to bring:
_____

BAKED GOODS

Name: _____
Number: _____
What I plan to bring:
_____

Name: _____
Number: _____
What I plan to bring:
_____

FRUIT

Name: _____
Number: _____
What I plan to bring:
_____

Name: _____
Number: _____
What I plan to bring:
_____

OTHER

Name: _____
Number: _____
What I plan to bring:
_____

Name: _____
Number: _____
What I plan to bring:
_____

Sinking Deep Tea

DATE:
TIME:
LOCATION:

TEA

Name: _____ Name: _____
Number: _____ Number: _____
What I plan to bring: What I plan to bring:
_____ _____

UTENSILS

Name: _____ Name: _____
Number: _____ Number: _____
What I plan to bring: What I plan to bring:
_____ _____

BAKED GOODS

Name: _____ Name: _____
Number: _____ Number: _____
What I plan to bring: What I plan to bring:
_____ _____

FRUIT

Name: _____ Name: _____
Number: _____ Number: _____
What I plan to bring: What I plan to bring:
_____ _____

OTHER

Name: _____ Name: _____
Number: _____ Number: _____
What I plan to bring: What I plan to bring:
_____ _____