Friends Graduate Review (NIV)

Girl's Name _____ Birthdate _____

Church Name _____ Sponsor's Name _____

Church Address _____ Sponsor's Address _____

_____ _____

_____ _____

Date Review Passed ___/___/___ Grade _____

Review Board Member Signature _____

Review Board Member Signature _____

Review Board Member Signature _____

Complete this portion before sending this review cover page to your district Girls Ministries director.

I have completed my Journal Pages.
I have read the entire Bible.
I have lived by the Girls Ministries Code of Conduct.

Girl's Signature _____

Sponsor's Signature _____

Date _____

Date of Celebration or Friends Commissioning Ceremony ___/___/___

Pastor's Signature _____ Date _____

Send to your district Girls Ministries director. Do you want the certificate to be sent to your church address or sponsor's address? (circle one)

For District Use Only

Application received ___/___/___ Certificate sent ___/___/___

Address sent to:

_____

_____

_____