



Indianapolis Individual Registration - Form #1F
Whatever you ask for in prayer with faith, you will receive. Mat 21:22

Name (Please print on this form.)

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E-mail

Phone

1) Circle the Day or individual Dates of each Week you will participate:

Sunday	Sept 30,	Oct 7,	Oct 14,	Oct 21,	Oct 28,	Nov 4
Monday	Oct 1,	Oct 8,	Oct 15,	Oct 22,	Oct 29	
Tuesday	Oct 2,	Oct 9,	Oct 16,	Oct 23,	Oct 30	
Wednesday	Sept 26,	Oct3,	Oct 10,	Oct 17,	Oct 24,	Oct 31
Thursday	Sept 27,	Oct 4,	Oct 11,	Oct18,	Oct 25,	Nov1
Friday	Sept28,	Oct 5,	Oct 12,	Oct 19,	Oct 26,	Nov2
Saturday	Sept 29,	Oct 6,	Oct 13,	Oct 20,	Oct 27,	Nov 3

2) Circle the Hour(s) of the Day you will participate:

You will be reminded of your commitment by e-mail and/or phone. Call **(317) 213-4778** to cancel.

7:30am 8:30am 9:30am 10:30am 11:30am Noon

1:30pm 2:30pm 3:30pm 4:30pm 5:30pm 6:30pm

3) Circle the Day and the Hours of the Day you are willing to be a Shift Leader:

Shift Leaders (SL) are "in charge" during their timeframe and will display provided ID indicating their position of leadership. They will receive and pass on the Master Schedule Book with the names of those assigned as Prayer Warriors for each hour. The SL will check off names of those present, indicate "no shows" and record names of others who come, but were not scheduled in the book.

The SL will ask those who come unscheduled to complete the Statement of Peace Form if they have not already completed one. The SL will call the Central Leader to verify that a Statement of Peace is on file if necessary. The Central Leader can be reached at **(317) 213-4778**. Cell phones will not be provided.

Sun Mon Tues Wed Thurs Fri Sat

7:30–9:30am 9:30–11:30am 11:30am–1:30pm 1:30–3:30pm 3:30-5:30pm 5:30-7:30pm

Return this form to: 40daysforlifelndy@sbcglobal.net or Fax: **(317) 236-1401**

40 Days for Life Indianapolis, **P.O. Box 681463**, Indianapolis, IN **46268-1463**

www.40DaysforLifelndy.com Information: **(317) 213-4778**



Indianapolis SIGN-UP SHEET Form #2F

Whatever you ask for in prayer with faith, you will receive. Mat 21:22

www.40DaysforLifeIndy.com

During the vigil, prayers will be said continuously for twelve hours each day, 7:30 a.m. through 7:30 p.m.

A minimum of two persons shall be present at all times. If you are unable to fulfill your commitment, you are responsible to find a replacement for your time slot and please notify Central Planning Committee at **(317) 213-4778** as soon as possible.

Indianapolis 2007
September 26 - November 4

NAME OF CHURCH/ORGANIZATION:

DAY & DATE:

Circle names of **SHIFT LEADER** volunteers.

TIME	NAME	PHONE	E-MAIL
7:30 – 8:30 a.m.	1.		
	2.		
8:30 – 9:30 a.m.	1.		
	2.		
9:30 – 10:30 a.m.	1.		
	2.		
10:30 – 11:30 a.m.	1.		
	2.		
11:30 – 12:30 p.m.	1.		
	2.		
12:30 – 1:30 p.m.	1.		
	2.		
1:30 – 2:30 p.m.	1.		
	2.		
2:30 – 3:30 p.m.	1.		
	2.		
3:30 – 4:30 p.m.	1.		
	2.		
4:30 – 5:30 p.m.	1.		
	2.		
5:30 – 6:30 p.m.	1.		
	2.		
6:30 – 7:30 p.m.	1.		
	2.		

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Statement of Peace — Form #3F

I, _____, testify to the following:
Print Name

- I will only pursue peaceful solutions to the violence of abortion when volunteering with the 40 Days for Life campaign
- I will show compassion and reflect Christ's love to all Planned Parenthood employees, volunteers, and customers
- I understand that acting in a violent or harmful manner immediately and completely disassociates me from the 40 Days for Life campaign
- I am in no way associated with Planned Parenthood or its affiliates by way of employment, informant, volunteer, customer, or otherwise

While standing in the city right of way in front of Planned Parenthood:

- I will not obstruct the driveways or sidewalk while standing in the public right of way
- I will not litter on the public right of way
- I will closely attend to any children I bring to the prayer vigil
- I will not threaten, physically contact, or verbally abuse Planned Parenthood employees, volunteers, or customers
- I will not vandalize private property
- I will cooperate with local city authorities

Signature: _____ Date: _____

Contact Information:

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Home Work Mobile Home Work Mobile

Please **Sign and Return** this form.

Fax: **(317) 236-1401**

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