



SOULWINNING AFFIDAVIT

School _____

School Address _____

Customer Number _____

Contact Number _____

NAME	DATE OF SALVATION	DATE VISITED THE CHURH	PASTOR'S SIGNATURE
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COMPLETION OF SOULWINNING PACE

This is to certify that _____ has successfully completed the A.C.E. Soulwinning PACE.
Student's Name

School Administrator's Signature

Supervisor's Signature

*This form requires the signatures of the Learning Center Supervisor **and** the School Administrator.*

** This may be photocopied.*