



Join the Nail Pouch Gang!

Name: _____

Address: _____

Phone: _____

Email: _____

Special skills/knowledge: _____

Certifications/Licenses: _____

Please submit this form to:
*Central Baptist Church
c/o Nail Pouch Ministry
1991 FM 158
College Station, TX 77845*



Join the Nail Pouch Gang!

Name: _____

Address: _____

Phone: _____

Email: _____

Special skills/knowledge: _____

Certifications/Licenses: _____

Please submit this form to:
*Central Baptist Church
c/o Nail Pouch Ministry
1991 FM 158
College Station, TX 77845*