

By signing my/our full name(s) below I/we the applicant(s) swear that all information concerning this application is entirely truthful. By my/our signature(s) I/we do also completely agree and acknowledge Because of Calvary Inc and its officers and members are not liable for any damages that may and/or I/we believe might and/or occur. I and/or my agency that I/we represent knowingly with my/our complete consent and agreement will not hold Because of Calvary Inc and/or its officers and members in any way responsible for liability and/or damages that may occur from my/our appearance on Out Of The Box.

Signature:	Date:
Witness Signature:	Date:

Signature(s) of superior(s) if needed:

1.
2.
3.
4.
5.
6.

All applicants must be at least 18 years of Age.
 All information requested on this application is required.

Mail Application to:
 President/CEO
 Because of Calvary Inc
 172 Sasser Store Road
 Bainbridge, GA 39817

Please mark on the bottom left corner of the outside of envelope:
 "Attention: TV Appearance Application"

Please allow up to 20 business days for reply.

Official Use Only	
Application considered on _____ / _____ / _____	Accepted _____ Rejected _____
_____ President/CEO	_____ Any other member of the Board of Directors