



Kairos Prison Ministry International, Inc.
Kansas District

God's Special Time

APPLICATION FOR KANSAS KAIROS CLOSING DATA REQUESTED BY KANSAS DEPARTMENT OF CORRECTIONS

I want to attend the Hutch CF Closing_____;

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-Mail _____

State DL No. _____ Expiration Date _____

Date of Birth _____ Soc. Sec No. _____

Signature with middle initial _____

**This is for Kairos closing DATE _____ It must
be returned to Sharon Kidwell.**

**The information you provide will be checked for
outstanding federal and state warrants. It will be kept
confidential by Kairos and the Department of Corrections.**

**You must agree to all instructions provided in the letter
of acceptance which will be sent to you
with the time and directions to the institution.**

**MAIL TO Sharon Kidwell
514 East First Ave
Hutchinson. Ks. 67501**