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| Group Leader(s): | | |
| DATE: | YEAR: | PAID: |

Registration 2020-21
(Groups will start out using Zoom only)

Please Print

Name _____
Last
First
Goes By

Address _____
Street
City/State
Zip

Cell Phone _____ Home Phone _____ Email – Print Clearly _____

Preferred Contact Method: Cell Phone Home Phone Email Text Any

Do you text? Yes No Is this your first Bible Study _____

If you were in a CWBS group last year, list the name(s) of your leader(s) _____

Best time to call _____ Age: 20-30 31-40 41-50 51-60 61 & over

Emergency Contact: _____
Name
Relationship
Phone Number(s)

| | |
|-------------------------------------------------------------------|------------------------------|
| | PAID |
| Mail in registration form with check (no cash): | Registration: \$40 \$ _____ |
| Add \$10 for a packet of printed course materials: | Lesson Packet: \$10 \$ _____ |
| (Available at the CWBS website at no extra cost to print at home) | |
| | Total Paid: \$ _____ |

Make checks payable to: **Christ the King or CTK**
 Mail to: **Linda Harris, 1032 Chinoe, Lexington, KY 40502**

For questions please email or call Jenny Owens: jenbova@aol.com, 859-421-1939

I hereby authorize the placement of my photograph on any CWBS material and Website, and further release all rights to said photograph. Signed: _____ Date: _____

I hereby authorize release of my email address for contact purposes only.

Signed: _____ Date: _____