

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 \$ _____

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: _____