

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

Registration Form

Name of leaders from last year: _____

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 Birth month/Day _____

Is this your first CWBS Bible Study _____

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

Special Needs if attending in person (i.e. difficulty walking, hearing, etc) _____

Would you like to be contacted about childcare during CWBS, if available? _____

Emergency Contact: _____
Name Relationship Phone Number(s)

Mail in registration form with check (no cash): Registration: \$40 \$ _____
PAID

Make checks payable to: **Christ the King or CTK**

Mail registration form with check to: **Deedee Simon, 1641 Linstead Dr, Lexington, KY 40504**

We are looking for a few volunteers to help with technology, please respond if you could help us. _____

<p>I hereby authorize the placement of my photograph on any CWBS material and Website, and further release all rights to said photograph. Signed: _____ Date: _____</p> <p>I hereby authorize release of my email address for contact purposes only.</p> <p>Signed: _____ Date: _____</p>
