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| 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

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.) _____

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 by Sept. 1st if possible to:
Sharon McCartt, 316 Duke Road Apt 1, Lexington, KY 40502

We are looking for a few volunteers to help with small group discussions, please notify Sharon at 859-948-7852 ASAP if you could help us.

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: _____