

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: \$50 \$\_\_\_\_\_ PAID

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

Mail registration form with check by Sept. 1<sup>st</sup> 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.

<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>
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