Name of leaders from last year:  Please Print  Name  Last  First  Goes By  Address  Street  City/State  Text  PAID:  YEAR: PAID:  Text  PAID:  PATE: YEAR: PAID:  Text  PAID:  PATE: YEAR: PAID:  AND:  PATE: YEAR: PAID:  AND:  PATE: YEAR: PAID:  PATE: YEAR: PAID:  AND:  PATE: YEAR: PAID:  PATE: YEAR: PAID:  PATE: YEAR: PAID:  AND:  PATE: YEAR: PAID:  PATE: YEAR: PAID: PAID: PAID:  PATE: YEAR: PAID:	CATHOLIC WAY BIBLE STUDY					Group Leader(s):		
Name Last First Goes By  Address	Registration Form							
Address Street City/State City/St	Name of leaders from last	year:			DATE:	YEAR:	PAID:	
Last	Please Print							
Cell Phone	Name							
Cell Phone	Last	First	First		Goes By			
Cell Phone	Address							
Preferred Contact Method: Cell Phone							Zip	
Do you text? Yes No String to Study No String to String possible to:    Name   Relationship   Phone Number(s)     **This year we will be offering zoom on a very limited basis. It will only be open to those who cannot meeting in person. Please email mary.clements@eku.edu to reserve your spot. **    Mail in registration form with check (no cash):   Registration: \$25 \$ PAID	Cell Phone	Home Phone		Email – Print C	learly			
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: Relationship Phone Number(s)  **This year we will be offering zoom on a very limited basis. It will only be open to those who cannot meeting in person. Please email mary.clements@eku.edu to reserve your spot. **  Mail in registration form with check (no cash): Registration: \$25 \$ PAID  Make checks payable to: Christ the King or CTK  Mail registration form with check by Jan. 5st if possible to: Deedee Simon, 1641 Linstead Dr, Lexington, KY 40504  For Questions please email Deedee Simon: dsimon1319@gmail.com  I hereby authorize the placement of my photograph on any CWBS material and Website, and further release all rights to said photograph. Signed: Date: Date:	Preferred Contact Method:	Cell Phone	me Phone 🗌 Er	mail Text [	Ar	ту 🗌		
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