

Group Leader(s):

DATE: YEAR: PAID:

Registration Form

Name of leaders from last year: _____

Home Church: _____

Please PrintName _____
Last First Goes ByAddress _____
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) _____

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

Emergency Contact: _____
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: \$50 \$_____ PAIDMake checks payable to: **Christ the King or CTK**

Mail registration form with check to:

Linda Harris, 1032 Chinoe Rd., Lexington, KY 40502**For Questions please email Linda Harris: lwarris@twc.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: _____

I hereby authorize release of my email address for contact purposes only.

Signed: _____ Date: _____