CATHOLIC WAY BIBLE STUDY

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: $50.00 $_____ PAID**

Make checks payable to: Christ the King or CTK

Mail registration form with check to:

Mary Lynn Mazzocco, 1109 Pepperhill Cir, Lexington, KY 40502

We are looking for a few volunteers to help with small group discussions, please notify Mary Lynn at 859-333-3808 if you could help us. (or by email at marylynnmaz@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: _____

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

Signed: _____ Date: _____

Property of Catholic Way Bible Study © Used by Permission Only (www.cwbs.org)