



Registration Form

Name: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email: _____

The easiest way(s) to reach me is (check all that apply):

- Home Phone Cell Phone Text Message Email

Do you use Facebook? Yes No Any other social media: _____

Current or former occupation(s): _____

Talents/Hobbies/Interests:

- | | | |
|--|---|---|
| <input type="checkbox"/> Sewing or Quilting | <input type="checkbox"/> Gardening | <input type="checkbox"/> Music _____ |
| <input type="checkbox"/> Knitting or Crochet | <input type="checkbox"/> Photography | <input type="checkbox"/> Art _____ |
| <input type="checkbox"/> Woodworking | <input type="checkbox"/> Fishing or Hunting | <input type="checkbox"/> Sports _____ |
| <input type="checkbox"/> Cooking or Baking | <input type="checkbox"/> Travel | <input type="checkbox"/> Collecting _____ |

Others (please list): _____

Favorite Bible Verse: _____ Favorite Hymn: _____

Childhood memories of church: _____

My favorite children's events are:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Easter Egg Hunt | <input type="checkbox"/> Children's Sabbath | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chalk-Art-Palooza | <input type="checkbox"/> Trunk or Treat | _____ |

Safe Gatherings: I'm certified I'm getting certified I need assistance

Additional comments: _____
