

Date: _____ Year: _____

CWBS Registration Form

Please Print

1. Name _____
Last First Middle Initial

2. Name _____
First (Preferred Name)

3. Address _____
Street City/State ZIP Code

4. Contact Method _____
Home Phone Work Phone
_____ Email
Cell Phone

5. Nursery? Yes No _____
(If yes, please give name(s)
of child/children, age, sex)

6. Age 20-30 31-40 41-50 51-60 61 & over

7. Home Church _____

8. Emergency Contact _____
Name Relationship
_____ Cell
Phone Number

Check one: Sunday evening _____ Tuesday morning _____ Thursday evening _____
If you can't attend any of the above and want to participate,
Check here _____. You will be called.