

Tuesday Morning Bible Study

REGISTRATION FORM

2024-2025

PLEASE PRINT CLEARLY

NAME _____

ADDRESS _____

CITY _____ CA ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

If you are a returning member, has any of this information changed? _____

Would you agree to have the above listed in a Bible Study Directory? _____

It will read: "For Participants Only, not to be used for any solicitation"

Have you attended a previous Bible Study Program? _____

If yes, how many years? _____

Age 20-30 _____ 31-40 _____ 41-50 _____ 51-60 _____ 61+ _____

In case of an emergency, please provide the following information:

Emergency contact name _____

Emergency contact address _____

Emergency contact telephone number (_____) _____

Alternate contact name _____

Alternate contact telephone number (_____) _____

