

Adult Sunday School Registration Form 2011-12

Name _____

Phone # _____

Address _____

Birth date ____ / ____ / ____

Zip Code _____

Email _____

Work _____

Phone # _____

Sunday School Class (circle): Acts Encountering the Bible Julian Lake New Connections
 Round Table Prime Time Watering Hole Other: _____

Allergies/ Medications _____

The

Physical limitations _____

Spouse's Name (if applicable) _____

Spouse's Sunday School Class _____

Are you willing to teach in your class (circle)? Yes / No

Are you willing to substitute in your class (circle)? Yes / No

Study ideas you would like to see offered in:

____ Sunday School: _____

____ During the Week: _____



Of Christ
