


# 2018-2019 CALVARY ADULT SUNDAY SCHOOL REGISTRATION FORM

FORMS MAY BE RETURNED IN CLASS, PLACED IN THE SQUARE, OR MAILED TO THE CHURCH OFFICE.



	Name _____		
	Home Phone ( ) _____	Cell Phone ( ) _____	Work Phone ( ) _____
	E-mail Address _____		
	Mailing Address _____		
	City _____	State _____	Zip _____
	Emergency Contacts		
	Name	Relationship	Contact Number
	_____	_____	_____
	_____	_____	_____
	Church Affiliation _____ Church Membership at _____		
	Sunday School Class		
	_____ Pastor Bob's Class		
	_____ Joy In Christ		
	_____ Search		
	_____ Wired Word		
	_____ Faith Weaver		

**PLEASE READ CAREFULLY**

I am registering for Calvary's Sunday School Classes for the 2018-2019 Year

I give permission for still or video pictures of me to be taken and used for church promotional purposes

I give permission for photos of me to be placed on Calvary UMC websites and Social Media pages in a SS or church context.

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Signature \_\_\_\_\_ Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

