# 2017-2018 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

___ Joy In Christ

___ Search

___ Wired Word

___ Faith Weaver

***PLEASE READ CAREFULLY***

☐ I am registering for Calvary's Sunday School Classes for the 2017-2018 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.

_____ _____ _____

Signature Name (please print) Date