



VBS 2021: ADULT WORKER REGISTRATION FORM

*NAME _____

*ADDRESS _____

(STREET ADDRESS, CITY, STATE, AND ZIP CODE)

MAILING ADDRESS (IF DIFFERENT) _____

PHONE NUMBERS:

*HOME _____ WORK _____

*CELL _____ EMAIL _____

OTHER INFORMATION:

*DO YOU REGULARLY ATTEND A SOURCE GROUP (SUNDAY SCHOOL)?

YES _____ NO _____

*ARE YOU A MEMBER OF FBCC?

YES _____ NO _____

*MAY WE PHOTOGRAPH YOUR CHILD FOR PROMOTION OF OUR EVENT?

YES _____ NO _____

(IF FIELD CONTAINS AN "O" IT MUST BE FILLED OUT)



FIRST BAPTIST CHURCH
COLSTRIP