

REGISTRATION FOR ON-CAMPUS MINISTRIES

DATE: _____

NAME(S): _____

ADDRESS: _____

CITY / STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

PLEASE CHECK ALL THAT APPLY:

I am a: 1st Time Guest 2nd Time Guest

And came as a guest of: _____

Marital Status: Single Married Divorced

Age: 18-25 26-35 36-49 50+

I am interested in:

- Learning more about what Christianity is all about
- Baptism
- Church membership
- Joining a Connect Group
- Other: _____

**** PLEASE REVIEW THE INFORMATION BELOW ****

Masks and social distancing are optional for all who are fully vaccinated in all areas of the church campus.

Masks are required for children while in worship services and children's classes.

If you have any COVID-19 symptoms, or exposures to someone diagnosed with, awaiting test results for, or suspected to have COVID-19 in the past 2 weeks, please join us online. Unexplained symptoms include *fever or chills, new loss of taste or smell, cough, sore throat, shortness of breath, difficulty breathing, congestion or runny nose, fatigue, nausea or vomiting, muscle or body aches, diarrhea, headaches.*