



WELCOME TO OUR CONNECT GROUP

WRITE CONNECT GROUP NAME

- FIRST TIME GUEST AT FBC
- VISITING CLASS
- ENROLL IN CONNECT GROUP**

Date: _____

PLEASE PRINT AND PRESS HARD FOR DUPLICATES.

Name: _____ Gender: M F Birthdate: _____

Name: _____ Gender: M F Birthdate: _____

Marital Status: Single Married Divorced Widowed

Address: _____ Main phone #: _____

City/State/ Zip _____ Alt phone #: _____

Email address _____

Preferred contact method:

- Phone
- Email
- Text

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If this is your *first time* at FBCCov and you have children, please list them below.

Name: _____ Gender: M F Birthdate: _____

Name: _____ Gender: M F Birthdate: _____

Name: _____ Gender: M F Birthdate: _____

White– Office Copy

Yellow– Outreach Copy

Pink– Class Copy