

REGISTRATION

TUESDAY MORNING TUESDAY EVENING

NAME

AGE RANGE (circle one) 20-39 40-59 60-79 80+

ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE

BIRTHDAY ____ / ____ / ____

HOME CHURCH

ONE PERSON I WOULD LIKE TO BE IN A GROUP WITH (OPTIONAL):

I HAVE TROUBLE HEARING

I NEED A SCHOLARSHIP. (Please do not let financial consideration keep you from attending. Partial scholarships are available.)

I WOULD LIKE TO PROVIDE A SCHOLARSHIP: \$ _____

*Please register your children on the back.

*Please make check payable to Grace Chapel, indicate Women's Fall Bible Study in memo line.

*By registering for any event at Grace Chapel, I give Grace Chapel permission to use photos taken of me/ my children during an event in promotional materials, in the newsletter, on the website, or in any capacity in perpetuity. I waive, release, and indemnify Grace Chapel and all of its agents, directors, officers, employees, and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, that have arisen or may arise from any Grace Chapel activity or trip and that involves any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such demands, claims, or liability.

Administrative Use Only:
Date _____ Amt \$ _____
Check # _____ Cash

CHILD REGISTRATION
TUESDAY MORNING – ALL AGES
TUESDAY EVENING – AGES 3 AND UNDER ONLY

Child 1

Name _____ DOB _____ / _____ / _____

Allergies/special needs _____

Child 2

Name _____ DOB _____ / _____ / _____

Allergies/special needs _____

Child 3

Name _____ DOB _____ / _____ / _____

Allergies/special needs _____

Child 4

Name _____ DOB _____ / _____ / _____

Allergies/special needs _____

Child 5

Name _____ DOB _____ / _____ / _____

Allergies/special needs _____
