



Youth Registration Form

For students Grades 6-12 To be completed by the youth

Name _____ Date of Birth _____

Address _____ City/State _____ Zip _____

Your Cell Phone _____ Your Email _____

Parent Cell Phone _____ Parent Email _____

Grade in school Fall 2015 _____ What school do you attend? _____

How many brothers _____, sisters _____ do you have?

What is your mother's first and last name? _____

What is your father's first and last name? _____

With whom do you live? _____

What topics are you interested in discussing in Sunday School? _____

What activities would you like to do with Youth Group? _____

Do you work? _____ If yes, where? _____ Days or evenings? _____

Do you play a musical instrument or sing? If so which one(s)? _____

Do you play on any sports teams? _____ If yes, what Sports? Fall _____

Winter _____ Spring _____ Summer _____

Do you participate in school clubs or organizations? If so which ones? _____

What extracurricular interests do you have? _____

What bands/songs are on your playlist right now? _____

Do you follow a sports team? If so, which one(s)? _____