

Adult Registration Form

Today's date _____

Class name _____

Personal Information

Name _____

Street _____

City _____ State _____ Zip _____

Gender: Male Female

Marital status: Married Single Widow

Birthday _____

Age Group: under 35 35 to 50 51 to 65 66 & over

Spouse's name _____

Group Preference:
 Singles Men Women Couples Young Adult

Contact Information

Home phone _____ Cell phone _____ Office _____ Ext. _____

Fax _____ Email _____

Emergency Contact Information

Name _____ Relationship _____ Phone _____

Additional Details

New to CBS? Yes No If no, number of years in CBS _____

Bible knowledge: Advanced Medium Little None

Experience with CBS or other Bible studies _____

Current core leader _____

Home church _____

Denomination _____

Occupation _____

Full names and birthdates of children attending with you:

Physical limitations, special needs or allergies: _____

Registration Fee: Adults - \$25 Class registration fees provide less than one quarter of the financial resources needed to operate the ministry. Each individual class, as well as the ministry as a whole, is financially supported through the generous contributions of class members and alumni. Your additional tax deductible gift will help us to continue to bring the Word of God to communities across the United States and around the world.	Registration Amount: _____ Optional Contribution: _____ Total Amount: _____
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To use this form:
In the upper right corner of the Adobe Reader window, **click on Highlight Fields**. This will bring the fill-in boxes into view.
Put the cursor in the first box and begin typing. The program may require a few moments to begin the process.
Use the TAB key, or the cursor, to move from box to box.
When complete, print the form, and mail or bring the printed, filled-in form, with the \$25 registration fee to the class Coordinator.
NOTE: The form may also be printed and filled-in by hand.

CLASS USE: Core Leader: _____ Date: _____ Paid: _____