



Youth Ministry Connection Card

Grades 6 - 12

First Name	Circle One: Male / Female	Today's Date
Last Name	Birth Date / /	Grade

Full Name(s) of Parents /Guardian

Address City State Zip

Home Phone Cell Phone

Email Mobile for Parents/Guardian (*in case of emergency*)

Do you attend church regularly? If yes, where? What school do you go to?

Today I am attending
 Sunday Night Small Group Youth Event

Please check those that apply:
 I am a first time visitor This is a change of address Other _____

Additional Information or comments

growchurches.com



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