

FINE ARTS DEPARTMENT – MEMBER REGISTRATION FORM



Name (Full) _____

DOB _____

Contact Information

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ (Home/Cell) Alternate Phone #: _____ (Cell/Work)

Email: _____

Department Interest (Ministries)

<i>Praise Dance/Mime</i>	Yes/No	<i>Stepping/Drumming</i>	Yes/No
<i>Flag</i>	Yes/No	<i>Drama/Theater</i>	Yes/No
<i>Arts & Crafts</i>	Yes/No	<i>Puppet</i>	Yes/No

Spiritual Background

Accepted CHRIST as Your Personal Savior: Yes/No

Attend Church School and/or Bible Study: Yes/No

Emergency Contact (For Office Use Only)

Name: _____ Relationship: _____

Phone #: _____ Email: _____



It's Harvest Time

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