

Adult Christian Formation Registration Form 2016–2017

Name(s)	Home Ph	Cell	Email 1	
Address	City	Zip	Email 2	
Please list all children or youth r	residing at this address:			
Name	Date of Birth	Grade	School	
Name	Date of Birth	Grade	_ School	
Name	Date of Birth	Grade	_ School	
Name	Date of Birth	Grade	_ School	
Questions or topics I would like	to see addressed in future adult	Christian formati	on offerings:	
I am / We are interested in being	; ☐ baptized ☐ confirmed ☐ :	received into the E	piscopal Church.	
I am / We are interested in ATTI	ENDING formation programs a	addressing:		
	☐ Men's Spirituality☐ The Episcopal Church			
I am / We are interested in ASSIS	STING WITH formation progr	ams addressing:		
	☐ Men's Spirituality☐ The Episcopal Church			
Other information you wish to s				