

Women of the Word Registration

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Please circle the best way to contact you: Home Phone Cell Phone E-mail

How did you hear about Women of the Word Bible Study? _____

What church do you currently attend? _____

Do you have any physical disabilities that make it difficult to climb stairs or walk? Y N

Will you be away for any extended period of time during the Bible Study year? Y N

If Yes, please list months you will be away _____

Are you new to Women of the Word Bible Study? Y N

If No, please list names of your last 3 Core Leaders _____

Would you prefer to be placed with a friend? Y N

If Yes, please provide the name of one friend _____

Will you be bringing children (kindergarten age and under only) for child care? Y N

If yes, please list name(s) of children and their age(s) as of September 1

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Check here if you do not wish to be included on the Women's Ministries mailing list

Age Group:

- Under 30
- 30-45
- 46-55
- Over 56

For Internal Use Only

- Cash
- Check # _____

Core Group:
