

**SECOND MISSIONARY BAPTIST CHURCH
EVANGELISM SCHOOL REGISTRATION FORM**

Please Print

NAME:	
ADDRESS:	
CITY, STATE & ZIP CODE:	
HOME TELEPHONE NUMBER:	CELL PHONE NUMBER:
DATE OF BIRTH:	
E-MAIL (IF APPLICABLE)	
IN CASE OF AN EMERGENCY:	
Name:	Phone#
CHURCH NAME:	
PASTOR'S NAME:	

We will have an Evangelism School Phone Directory with our entire faculty and student's phone numbers. We will only list your home phone number. If you want your cell number listed please indicate at the bottom. Thank You!

Please Indicate Your Answer with an *

Yes, List My Number _____ No, Do Not List My Number _____

Yes, Include My Cell Phone in Directory _____

OFFICE USE ONLY:		
Date Enrolled:	_____	
Name of Class :	_____	
Session Enrolled:	_____	Winter _____ Spring <u>2018</u> _____

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