



STARTING



REGISTRATION FORM

Please complete and return to the Church Office by September 20.

NAME	BIRTHDATE
PHONE	EMAIL
MY PREFERRED FORM OF CONTACT IS: EMAIL CALL TEXT	
SPOUSE'S NAME (if applicable)	SPOUSE'S BIRTHDATE (if applicable)
DO YOU HAVE KIDS? YES NO CHILDCARE NEEDED? YES NO If yes, please list their names and ages.	
CHECK WHICH COMMUNITY GROUP(S) WOULD F	IT YOU BEST?
□ WOMEN □ MEN □ CO-ED □ PARENTS OF YOU □ COUPLES □ CAREGIVERS □ SINGLES □ INTE	
WOULD YOU BE INTERESTED IN SERVING AS A CO ☐ YES ☐ NO	OMMUNITY GROUP HOST?

Contact **Valerie Westmark**, our Community Group Coordinator, at **CommunityGroups@FUMCPensacola.com**, or visit us online for more information.