



GRAHAM EMMANUEL BAPTIST CHURCH
Friendship Ministry Registration Form

Registration date _____

Personal Data

Name _____ Birth Date _____

Address _____

Phones _____

Parent(s) / Legal Guardian(s) _____

Additional contact (phone/e-mail) _____

Other Information

Allergies _____ Health Concerns _____

Special Instructions for handling Allergies or Health Concerns _____

Dietary Restrictions _____

Behavioral Concerns _____

Special Interests (favorite activities, people, places, movies, music) _____

I give my permission for (friend's name) _____ to be photographed as part of the Friendship Ministries Bible Study program, and for the photos to be used on social media and by Graham Emmanuel Baptist Church. I agree to drop off and picked up my Student/Friend inside the building.

Signed (parent / legal guardian) _____

FRIENDSHIP MINISTRY TUESDAY NIGHT RULES

Must be at least 13 years old

Must participate with activities

Must drop off and pick up inside the building