

Women's Ministries

THE ROCK COMMUNITY CHURCH

Dear Women,

Please help us keep our database current by filling out the form below. The information you provide here will be used to cross-reference your registration for ALL Bible Classes and Special Events.

Thank you!
The Women's Ministries Staff

NAME: (first & last) _____

PREFERRED NAME: _____

BIRTHDATE: _____ Married Single Divorced Widowed Separated

SPOUSE'S NAME (if applicable): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PREFERRED PHONE#: _____ MOBILE PHONE#: _____

PREFERRED EMAIL: _____

Is the above a change of address? If yes please provide former address below.

REGISTRATION FOR WOMEN'S BIBLE STUDIES

NAME: (first & last) _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE#: _____ MOBILE PHONE#: _____

EMAIL ADDRESS: _____

CLASS NAME: _____ DAY & TIME: _____

Please print out this information form and take it with you to the Bible Study or Small Group of your choice or turn it in during weekend services in the mailbox at the information counter.