

YES! I want to be in a Community Group!!

Name _____ Male Female Today's Date ____ / ____ / ____

Grade ____ Age ____ Date of Birth ____ / ____ / ____ School _____ Facebook? Yes No

Student Cell (____) _____ - _____ Student Email _____

Home Phone (____) _____ - _____ Parent's Names _____

Dad's Cell (____) _____ - _____ Mom's Cell (____) _____ - _____

Parent's Email _____

Address _____ City _____ Zip _____

I was in a Community Group last year... Yes No Leader's name? _____

If possible, I would like to remain in this same group Yes No

If not, please explain why... _____

If I had to pick a backup leader, who would I choose? _____

My favorite candy is _____

My favorite reality show is _____

I am interested in the following activities/sports/hobbies: _____

Tell us something else fun about you: _____

These are a few friends I would like to be in a Community Group with:

1. _____ 2. _____ 3. _____

Any other information we can consider when placing you in a Community Group: _____



Fellowship
BIBLE CHURCH

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**Student
Ministry**