



Photo

FAMILY NAME:

HOME ADDRESS:

CITY &
POSTAL CODE

HOME PHONE:

FAMILY INFORMATION

FIRST NAME:

BIRTHDATE: / / (mm/dd/yy)

OCCUPATION:

CELL PHONE:

WORK PHONE:

EMPLOYER:

EMAIL:

SPOUSE (if applicable):

BIRTHDATE: / / (mm/dd/yy)

OCCUPATION:

CELL PHONE:

WORK PHONE:

EMPLOYER:

EMAIL:

WEDDING ANNIVERSARY: / / (mm/dd/yy)

YOUR CHILDREN – This section is for children who are 18 years and under. (We will not publish children's email or cell phone.)
If your child is 19 years or older and attends the Gathering, they must fill out their own information card. By law, they must give their own consent.

1:NAME:

BIRTHDATE: / / (mm/dd/yy)

CELL PHONE:

EMAIL:

2.NAME:

BIRTHDATE: / / (mm/dd/yy)

CELL PHONE:

EMAIL:

3.NAME:

BIRTHDATE: / / (mm/dd/yy)

CELL PHONE:

EMAIL:

4.NAME:

BIRTHDATE: / / (mm/dd/yy)

CELL PHONE:

EMAIL:

PRIVACY & PERMISSIONS – In order to use your information, we need your consent. Check all that are applicable.

The Gathering may publish our information in the Church Directory issued annually.				<input type="checkbox"/> YES <input type="checkbox"/> NO
The Gathering may publish our information but please leave out checked items:	<input type="checkbox"/> Home Phone #	<input type="checkbox"/> Cell Phone #	<input type="checkbox"/> Email Address	<input type="checkbox"/> Birthdays (NOTE: month & day only, no years will be listed)
The Gathering may publish photos of our family members on the church website and miscellaneous publications				<input type="checkbox"/> YES <input type="checkbox"/> NO
The Gathering may use our email addresses to send occasional, important updates and information				<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature	Today's Date: / / (mm/dd/yy)
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A copy of The Gathering Privacy Policy is available for review at Guest Services.

EMERGENCY CONTACT – In the unlikely event of an emergency, who would you like us to call if we are unable to reach the above phone numbers? Please list two contacts other than names listed above.

NAME:	PHONE:	RELATIONSHIP:
NAME:	PHONE:	RELATIONSHIP:

ANYTHING ELSE YOU WOULD LIKE US TO KNOW? (ie. Special requests, allergies, special needs, etc.)
