

Guest Number: _____

Date: _____

FAITH CHURCH VISITOR REGISTRATION FORM

_____ 8:30 Service _____ 10:15 Service

1. Name of Child: _____ Age _____ Eye Color: _____ B-day _____
2. Name of Child: _____ Age _____ Eye Color: _____ B-day _____
3. Name of Child: _____ Age _____ Eye Color: _____ B-day _____
4. Name of Child: _____ Age _____ Eye Color: _____ B-day _____

Parent/Guardian: _____

Home Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Allergies/Diet/Medical Concerns: _____

Name of Adult who signed child(s) in: _____ Relationship to Child: _____

Please Mark One:

_____ We are vacationing in the area.

_____ We are looking for a church community to join.

Invited to Faith Church by: _____

Dates of Visits: _____

(Office Use) _____