

Application for Lunch Time Small Groups Due to Office by Monday, August 24th

Personal Information

Last _____ First _____
Male _____ Female _____
Birthday ___/___/_____ Grade _____
Address _____
City _____ State ___ Zip _____
Phone _____ Email _____

I understand that I am making a commitment for the rest of the school year to join a once a week small group for the purpose of studying the Bible.

Student's Signature _____

I understand my school account will be charged \$20 for learning materials.

Parent's Signature _____

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