

2019 Moms Group Registration

PAID _____ CHECK # _____



Christ Lutheran Church
600 North Ford Road
Zionsville, IN 46077
317.873.3242
www.clczionsville.org

Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Email: _____

Birthday: _____ Church Affiliation: _____

How did you hear about us? _____

Emergency Contact:

Name: _____ Number: _____ Relation: _____

List the names and ages of all your children:

Child's Name:	Age:	Child's Name:	Age:
_____	____	_____	____
_____	____	_____	____

Registration Fee: This semester's fee to join is \$15. Please make your check payable to *Christ Lutheran Church, with Moms' Group* on the memo line.

Mail registration form and payment to: Moms' Group at Christ Lutheran Church, 600 North Ford Rd., Zionsville, IN 46077.

I am interested in a position on the steering committee: YES NO

Our first meeting for 2019 will be on Wednesday January 15th, 9:15-10:30AM. We will meet on the 3rd Wednesdays of the month through May.

Social Media Permissions

____ I give Christ Lutheran Church permission to put photos of myself on Facebook.

Signature

Date