BIBLE TEAM

Please Check One

☐ Bible Teaching (Children/Youth) ☐ Bible Quizzing

(List Name and Address of Coach)

COACH _____

ADDRESS _____

CITY _____ STATE _____ ZIP_____

DAY PHONE(___) ____ - _____ EVENING PHONE (___) ____ - _____

LOCAL CHURCH_____

PASTOR'S SIGNATURE _____

NAME	AGE	DATE OF BIRTH

This form must be completed and sent in with the Registration Form.