

Servants of God

Participation Form



Date _____

Name _____
First Last Nickname

Address _____
Street City Zip

Home Phone (____) _____ Cell (____) _____

Parents'/Guardians' Names

First Last First Last

Family or Parent email _____

School you attend _____ Grade _____

Birthday _____ Favorite Snack _____

All high school teens are welcome. We gather together to embrace our faith in worship and through acts of service as Disciples of Christ

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